

# LICENSE/CERTIFICATION VERIFICATION

Check the following type of license you are applying for:  **Active**     **Provisional**     **Assistant**  
 Print clearly in black ink or type. Applicant fills out top section only and mails this form to the licensing agency.

**APPLICANT NAME:** \_\_\_\_\_

Address:	
Title of License/Certificate:	License/Certificate Number:

**Applicant completes the sections above this line and the licensing agency completes the sections below this line.**

**THE FOLLOWING SECTIONS MUST BE COMPLETED AND THEN MAILED DIRECTLY BY THE STATE LICENSING OFFICE OR THE ISSUING AGENCY TO THE ADDRESS LISTED BELOW:**

**TO: STATE LICENSING BOARD OR REGULATORY AGENCY**

The individual listed above has applied for licensure in Florida. Before further consideration is given to this application, we need the information requested on this form. Please complete and return to the address below.

Title of License/Certificate:	License/Certificate Number:
Original Issue Date:	Expiration Date:
License/Certificate Status: <input type="checkbox"/> active <input type="checkbox"/> inactive <input type="checkbox"/> temporary <input type="checkbox"/> delinquent <input type="checkbox"/> expired <input type="checkbox"/> other (explain)	
Licensure/Certificate Method: <input type="checkbox"/> grandfathering <input type="checkbox"/> reciprocity <input type="checkbox"/> endorsement <input type="checkbox"/> examination	
Has any disciplinary action been taken against this license? <input type="checkbox"/> yes <input type="checkbox"/> no If "yes", please provide this office with any documentation regarding the disciplinary action.	
Do you have any derogatory information concerning this person? <input type="checkbox"/> yes <input type="checkbox"/> no If "yes", please explain.	
<b>Thank you for your cooperation!</b>	

Affix Board Seal	Signature:
	Title:
	Date:                      Telephone:
	State of:                      Board of:

**Licensing Agency: Please return this form to:**

Board of Speech-Language Pathology and Audiology  
 4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256  
 Telephone: (850) 245-4161 FAX (850) 921-6184