

**Verification of a Speech-Language Pathologist Licensure, Clinical Fellowship,  
Doctoral Externship or Temporary License sent to employer.**

Fee amount \$25.00 for each request.

**INSTRUCTIONS:**

Please complete the form below.

Mail the form along with a check or money order made out to "Treasurer, State of Minnesota"  
to:

**Minnesota Department of Health  
Health Occupations Program  
Attn: Gloria Rudolph  
P.O. Box 64882  
St. Paul, MN 55164-0882**

The review and processing time of your request takes 5–15 business days.

Requester name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Requesting verification for: \_\_\_\_\_ Credential Number: \_\_\_\_\_

Would you like your request mailed or faxed? (Circle one)    MAILED        FAXED

**MAILED**

Business Name: \_\_\_\_\_

Attention to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**FAXED**

Fax Number: \_\_\_\_\_

Attention: \_\_\_\_\_