

Request to Verify Minnesota State License

Use this form to verify the following licenses and certifications:

- Speech Language Pathologist (SLP)
- Speech Language Pathologist/Audiologist (SLPA)
- Audiologist
- Hearing Instrument Dispenser (HID)

Instructions

Mail this completed form and a \$25.00 check or money order payable to **Minnesota Department of Health** to:

Minnesota Department of Health
Health Regulation Division
State LCR
PO Box 64882
St. Paul, MN 55164-0082

The verification fee is \$25.00 for each request. Once the Department has received your request, the payment is deposited, and the request is reviewed and processed.

All Fees Are Non-Refundable

Note: Some agencies/businesses will not accept verification of licensure via fax or email. Please check with the agency/business **before** you request that we fax or email your verification. If we fax or email per your direction and the agency/business does not accept verification via fax or email, you will be required to make a new request and pay another \$25.00 fee.

Licensee Info

Name (First/Middle/Last): _____

Home Address: _____

City/State/Zip: _____

Phone: _____

MN License/Credential Number: _____

E-mail Address: _____

Send Verification To:

Please Mail Email Fax (select only one) my verification of licensure request to:

Business Name: _____

Attention (Name/Title): _____

Address: _____

City/State/Zip: _____

Fax Number: _____

E-Mail Address: _____

Minnesota Department of Health
Health Regulation Division | State LCR
PO Box 64882
St. Paul, MN 55164-0882
651-201-4200
health.hop@state.mn.us
www.health.state.mn.us

04/13/2023

To obtain this information in a different format, call: 651-201-4200.