



Request to Verify Minnesota License

AUDIOLOGIST (AUD) Instructions

Mail this completed form and a \$25.00 check or money order payable to "Treasurer, State of Minnesota" to:

Mail/Courier Drop-off

Mail	Courier Drop-Off Delivery
Minnesota Department of Health Health Occupations Program P.O. Box 64882 St. Paul, MN 55164-0882	Minnesota Department of Health Health Occupations Program 85 E. 7 th Place, Suite 220 St. Paul, MN 55101

The verification fee is \$25.00 for each request. Once the Department has received your request, the money is deposited and the request is reviewed and processed. Reviewing and processing time takes 5-15 business days.

Last Name		First Name	Middle
Home Address		City	State ZIP
Home Phone		Minnesota Credential Number	
Email Address			

Verification To

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

Business Name			
Attention (Name, Title)			
Home Address		City	State ZIP
Email Address		Fax Number	

ALL FEES ARE NONREFUNDABLE

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.

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-4200
health.slpa@state.mn.us
www.health.state.mn.us

07/01/2017

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