Request to Verify Minnesota License

SPEECH-LANGUAGE PATHOLOGIST (SLP)

Instructions

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

Mail/Courier Drop-off

<table>
<thead>
<tr>
<th>Mail</th>
<th>Courier Drop-Off Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota Department of Health</td>
<td>Minnesota Department of Health</td>
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<tr>
<td>Health Occupations Program</td>
<td>Health Occupations Program</td>
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<tr>
<td>P.O. Box 64882</td>
<td>85 E. 7th Place, Suite 220</td>
</tr>
<tr>
<td>St. Paul, MN 55164-0882</td>
<td>St. Paul, MN 55101</td>
</tr>
</tbody>
</table>

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
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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
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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
651-201-3731
health.slpa@state.mn.us
www.health.state.mn.us

07/01/2017

To obtain this information in a different format, call: 651-201-3731. Printed on recycled paper.