



# Speech Language Pathologist or Audiologist Verification of Credential

APPLICANT INSTRUCTIONS: This form is provided to you to obtain verification of credential(s) you hold, or held, in this or another state. Credentials that must be verified are credentials in speech-language pathology, audiology, teaching, and hearing instrument dispensing. After completing Part I, you must send this form, including any required fees, to the agency in the state which issued the other credentials you hold. **Do not send this form to the Minnesota Department of Health.** If you have any questions, please call 651-201-4200.

## PART I. To be completed by Applicant

Applicant, please complete the top portion only and send this form to the Speech-Language Pathology or Audiology related board, or agency, in the state(s) from which you are or have been licensed or registered.

Last Name		First Name	Middle
Home Address		City	State ZIP
Date of Birth (MM/DD/YYYY)		Social Security Number (Voluntary)	
Phone		Email Address	

I HEREBY AUTHORIZE the Commissioner of the MINNESOTA DEPARTMENT OF HEALTH or the Commissioner's designee to obtain, and authorize the person to whom this authorization is presented to release, any and all information contained in the license, registration, or other credentialing records in this or any other state where I hold or have held a credential as a speech-language pathologist or audiologist.

Applicant's Signature	Date
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## PART II. To be completed by the State board or agency

The individual listed above has applied for licensing in Minnesota as a Speech-Language Pathologist or Audiologist. We prefer that this form be completed, however, if a letter or other form is sent, it must contain all information requested in this form. **Please send this form, or the information requested, to the applicant.**

Type of Credential:  Speech Language Pathologist  Audiologist

Name on credential, if different from above	
Credential Number	State
Date of Original Issue (MM/DD/YYYY)	

SPEECH LANGUAGE PATHOLOGIST OR AUDIOLOGIST VERIFICATION OF  
CREDENTIAL

**Applicant's Registration/License is:**

Current, Expiration Date: \_\_\_\_\_  Inactive  Expired

If inactive or expired, date licensed became inactive or expired (mm/dd/yyyy): \_\_\_\_\_

Explain: \_\_\_\_\_

**Registration/License was obtained by:**  ASHA, Credential #: \_\_\_\_\_  ABA, Credential # \_\_\_\_\_

Reciprocity  Grandfathering  Other \_\_\_\_\_

**Has there been any disciplinary action taken against the applicant's registration/license:**

No  Yes    Disciplinary action taken:  Disciplined;  Suspended;  Revoked;  Invalid

If yes, please explain: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained in this Speech-Language Pathologist or Audiologist Verification of Credential is true in every respect in accordance with the records on file with:

\_\_\_\_\_  
(State and Official Name of Board/Agency)

\_\_\_\_\_  
Executive Officer/Official

**SEAL**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

NOTICE TO APPLICANTS: This notice is given pursuant to Minnesota Statutes, section 13.04, subdivision 2, and section 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health will use information provided in your application to determine if you meet Minnesota Statutes, sections 148.511 through 148.198 requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are license. "Private" data is data that is not public and is accessible to you. When you become license the application data, except social security number, becomes public. Information submitted to the Commissioner in your license application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, the Speech-Language Pathologist and Audiologist Advisory Council and its staff; staff of the Attorney General's office; and persons whom they contact including any person to whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.