

Board of Speech-Language Pathology and Audiology
VERIFICATION OF EMPLOYMENT
FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note- this form is not to be used by applicants for assistant certification.

SECTION 1: (completed by provisional license applicant)

Applicant Name: _____

Check one: Speech-Language Pathology Audiology

SECTION 2: (completed by supervisor)

Supervisor's Name: _____ **Business Phone:** _____

License Number: _____ Speech-Language Pathology Audiology

Practice Location Address: _____

Name of office or agency where experience will take place: _____

SECTION 3: (signed by supervisor)

I understand that pursuant to Section 468.1155(1), F.S., a provisional license is required prior to the above named applicant initiating the professional employment experience.

I certify that the professional employment shall include assessment, habilitation and rehabilitation activities with the clients; the activities performed by the provisional licensee shall be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.

I hereby acknowledge that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules.

I certify that the above information is true and correct to the best of my knowledge.

Supervisor's Signature

Date