GEORGIA STATE BOARD OF SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY
237 Coliseum Drive, Macon, Georgia   31217-3858
(404) 424-9966 (Telephone) * 1-866-888-7127 (Fax) * Email: ExamBoards-Healthcare@sos.state.ga.us
www.sos.state.ga.us/plb/speech

VERIFICATION OF LICENSURE

INSTRUCTIONS   Please type or print legibly.
- **Applicant** - Complete Part I. ❒ Mail form to the Board or Agency of each state or jurisdiction by which you are currently licensed or certified as a Speech-Language Pathology/Audiology. ❒ Request the Licensure Board or Regulatory Agency complete Part II and send this form to the Georgia Board.
- **State Licensure Board or Regulatory Agency** - Complete Part II and submit -or- Submit your own verification form.
- Form can be mailed/ emailed/faxed to the Board office for processing. Please do not send the form by all three options.

PART I - APPLICANT

Full Name:

Address:

GEORGIA LICENSE APPLIED FOR :

State/Jurisdiction of Issuance: License Number:

Title of License: Date Issued: Expiration Date:

TO WHOM IT MAY CONCERN:
I, the undersigned applicant, am applying for a license with the Georgia State Board of Speech-Language Pathology/Audiology. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

_____   _____
Date   Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official

of the _____ certify that the information
          (Name of Board or Regulatory Agency)
provided above by this applicant ❒ does ❒ does not conform with that in our record.

If "does not", please explain: _____

_____

According to our record, the applicant ❒ has ❒ has not been disciplined by this or any other Board, state agency, or professional organization. **If the applicant has been disciplined, please explain, and attach a copy of the Order or Decree:**
_____
_____

_____   _____
Date   Signature of Board Chair/Designated Official

_____   _____
Title of Board   Street Address

                                                             _____
BOARD SEAL   City/State/Zip Code