

<https://sos.ga.gov/licensing-division-georgia-secretary-states-office>

**SPEECH-LANGUAGE PATHOLOGY AIDE
TRAINING VERIFICATION STATEMENT
FORM D**

INSTRUCTIONS

◆ This form is to be completed and signed by the Speech Language Pathology Aide Supervisor within 30 days **after completion** of the training program, and submitted to the Board office.

The training program CANNOT begin until the application for registration has been approved by the Board.
Once approved by the Board, you will be notified in writing that practice as an aide may begin following completion of the training program.

Supervisor must submit verification that the training was completed satisfactorily within 30 days of applicant's employment. Employment date will be the same as the approval date to begin the training program.

NAME OF SPEECH-LANGUAGE PATHOLOGY AIDE:

NAME OF SUPERVISOR:

DATE SPEECH-AIDE STARTED THIS EMPLOYMENT:

AFFIDAVIT OF SUPERVISOR

I, the undersigned, verify that the above-named Speech-Language Pathology Aide **completed** the described speech-language pathology training that was submitted with the initial application for aide registration.

Date

Signature of Supervisor