



Ohio Board of Speech-Language Pathology and Audiology

www.slpaud.ohio.gov

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Columbus, Ohio 43215-6108

Telephone: 614-466-3145 **Fax:** 614-995-2286 **E-mail:** board@slpaud.ohio.gov

Licensure Verification Form

This portion of the form is to be filled out by the applicant.

First Name Middle Name Last Name Maiden Name

Address

Date of Birth _____

License No. _____

Title of License _____

Date _____

.....
This portion of his form is to be completed by the Licensure Board.

First Name Middle Name Last Name Maiden Name

License No. _____

Date Issued _____

Expiration Date _____

Basis of Issuance:

() Endorsement () Other State Licensure () Completion of CFY () Other _____

The license is currently active? Yes___ No___

Has the license been reinstated? _____

Is there any derogatory information on file? Yes___ NO___ If yes, please attach supporting documentation.

Name: _____

State Board of _____

Signature _____

Date _____

Affix Seal Here