



## Ohio Board of Speech-Language Pathology and Audiology

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**Telephone:** 614-466-3145 **Fax:** 614-995-2286 **E-mail:** [board@slpaud.ohio.gov](mailto:board@slpaud.ohio.gov)

Please complete the Employment Verification Form verifying your employment from January 1, 2015 through the present. If you were employed by more than one employer during this time period, verification may be included on additional pages. This form along with any additional pages must be signed and dated on page two and returned to the Board office, even if you did not work during the specified time. This form may be submitted via mail, fax or e-mail denoted in the letterhead.

**YOUR NAME** (First, M.I., Last): \_\_\_\_\_ **License #:** \_\_\_\_\_

**A. Are you currently employed?**  Yes  No

### CURRENT EMPLOYER

<b>Employer's Name:</b> _____	
<b>Address:</b> _____ <b>Street</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____	<b>Supervisor's Name and Title:</b> _____ <b>Supervisor's Telephone:</b> ( ) _____
<b>Job Title:</b> _____ <b>Start Date:</b> _____	<b>Do you supervise as an SLP or AUD?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>JOB DUTIES:</b> _____ _____ _____	

**B. Were you practicing in Ohio under an expired license, January 1, 2015 through the date you renewed late in 2015?**

Yes  No (If yes, fill out section below. Write "same" if same as section A. If supervisor is not an SLP or Aud., still list their name):

#### EMPLOYER 1

#### EMPLOYER 2

<b>Employer's Name:</b> _____	<b>Employer's Name:</b> _____
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