Complete verifications must be sent directly from the licensing agency to the board office at info@floridasspeechaudiology.gov, or mailed to:

Board *of* Speech-Language Pathology & Audiology
4052 Bald Cypress Way Bin C-06
Tallahassee, FL 32399-3256

Board *of* Speech-Language Pathology & Audiology
Verification of Employment for a Provisional Licensee (SPA-2A)

Applicant Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

License Number: _____

The remainder of this form is to be completed by the supervising licensed speech-language pathologist/audiologist verifying the employment.

Supervisor Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

License Number: _____

Business Address: _____

Business Telephone: _____

Office or Agency where experience will take place: _____

Certification:

I understand that pursuant to chapter (ch.) 468.1155(1), Florida Statutes (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 will be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.

I acknowledge receipt of ch. 468, Part I, F.S., and related rules and further acknowledge that I have read these regulations. I understand that it is my responsibility to keep informed of any changes to ch. 468, Part I, F.S., and related rules.

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

Supervisor Signature: _____ Date: _____
MM/DD/YYYY