Washington State Department of Health
Hearing and Speech Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Professional Reference Request

To be completed by post-graduate supervisor. Please print Clearly. Please be advised upon receipt of written request, this form will become a public document.

Supervisor	Organization	
Position		
Address		
City	State	Zip

_____, has applied for license as an Audiologist/ Speech Language Pathologist in the state of Washington. We would appreciate your completion of this reference form and return directly to the above address.

1. Relationship to Candidate: ☐ Post-Graduate Supervisor ☐ Other (specify) _____

   Appropriate dates of this relationship: From _____To_____

   Percent of applicant's time spent in audiology/speech pathology work:

   Title of applicant's position and name of organization:_____

2. Describe briefly the applicant's duties as you know them in the position listed above: _____

   _____

   _____

3. Please comment on the applicant's professional judgment, responsibility, integrity and relationships with professional peers and clients: _____

   _____

4. If you were a supervisor of the applicant's post-graduate work, please complete the following:

   A. Dates of post-graduate supervision: From _____ To _____

   B. Total number of hours of post-graduate audiology/speech pathology work you supervised (this should be a number and not a percentage): _____

   C. Total number of hours of face to face supervision you provided (this should be a number and not a percentage): _____

Applicants are required to have thirty-six weeks of full-time professional experience or part-time equivalent.

5. Please check the areas in which you judge the candidate to be technically competent and able to meet reasonable standards in the profession of audiology/speech pathology. Please double-check what you regard as the applicant's specialty area(s):

☐ Audiology ☐ Speech Language Pathology ☐ Medical ☐ Education ☐ Other

Do you feel the candidate is a credit to the profession of audiology/speech pathology?

☐ Yes ☐ No Please explain: _____

6. Do you have any reservations against recommending the applicant for certification in the state of Washington for independent practice? ☐ Yes ☐ No

If Yes, please comment specifically. Include any other information you consider relevant:

_____

_____

7. Is there any other information about the candidate which you believe should be provided to the Board of Hearing and Speech? ☐ Yes ☐ No If Yes, please explain: _____

_____

_____

I have carefully read the questions in the professional reference form. I have answered them completely, without Reservations of any kind, and I declare under penalty my answers and all statements made by me herein are true and correct.

Signature _____ Date _____

Your Name (please print)_____ Phone _____

Highest degree earned _____

Licensed Audiologist ☐ Yes ☐ No State(s) _____ Yr. Cert. _____ Cert #_____

Licensed Speech Path ☐ Yes ☐ No State(s) _____ Yr. Cert. _____ Cert #_____