



Hearing and Speech
 Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Out-of-State Credential Verification

To Applicant:

Please complete this section. Forward this form to the jurisdiction of certification/license/registration for them to complete and return to the above address.

I, _____, am/was certified/licensed/registered in the state of _____,
 as a _____, certificate/license/registration number: _____.
 I have applied for a Washington State Speech-Language Pathology Assistant Certification. I authorize the release of the information requested below to Washington State Hearing and Speech Credentialing.

Signature _____ Date _____

To the State Board:

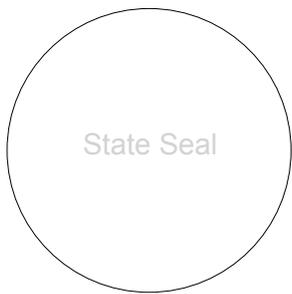
Please provide a **copy of the current statute** under which the above-named applicant was certified/licensed. Please return this completed form with the statute to the above address.

I hereby certify that _____ was granted
 professional certificate/license/registration number _____ to practice _____
 in the state of _____ on the _____ day of _____, 20 _____,
 on the basis of: _____

Status of Certification/License/Registration: Active Inactive Expiration Date _____

Legal or Disciplinary Action?: Yes No

If yes, please explain below and provide any applicable documentation. _____



Signature of Verifier: _____

Title of Verifier: _____

Date: _____