



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 # \_\_\_\_\_