Speech Language Pathologist or Audiologist Verification of Credential

Applicant Instructions

This form is provided to you to obtain verification of credential(s) you hold, or held, in this or another state. Credentials that must be verified are credentials in speech-language pathology, audiology, teaching, and hearing instrument dispensing. After completing Part I, you must send this form, including any required fees, to the agency in the state(s) which issued the other credentials you hold. Do not send this form to the Minnesota Department of Health. If you have any questions, please call 651-201-4200.

PART I. To be completed by Applicant

Applicant, please complete the top portion only and send this form to the Speech-Language Pathology or Audiology related board, or agency, in the state(s) from which you are or have been licensed or registered.

Applicant Name: _____

Address: _____

SSN: _____ Date of Birth: _____
(Voluntary)

I HEREBY AUTHORIZE the Commissioner of the MINNESOTA DEPARTMENT OF HEALTH or the Commissioner's designee to obtain and authorize the person to whom this authorization is presented to release, any and all information contained in the license, registration, or other credentialing records in this or any other state where I hold or have held a credential as a speech-language pathologist or audiologist.

Signature of Applicant _____ Date _____

PART II. To be completed by the State board or agency

The individual listed above has applied for licensing in Minnesota as a Speech-Language Pathologist or Audiologist. We prefer that this form be completed, however, if a letter or other form is sent, it must contain all information requested in this form. **Please send this completed form or the information requested to the applicant.**

Name on credential, if different from above: _____

State: _____ License # or File #: _____

Type of Credential: _____

Date of Original Issue: _____

Applicant's Registration/License is:

- ◯ Current – Expiration Date: _____
- ◯ Inactive
- ◯ Expired

If inactive or expired, date license became inactive or expired: _____

Explain: _____

Registration/License was obtained by:

- ◯ ASHA Credential; ASHA # _____
- ◯ Reciprocity
- ◯ Grandfathering
- ◯ Other _____

Action taken or pending against applicant's registration/license:

- ◯ No disciplinary action taken or pending
- ◯ Disciplined
- ◯ Suspended
- ◯ Revoked
- ◯ Invalid

Is or was there any derogatory information concerning this applicant? ☐Yes ☐No

If yes, please explain: _____

Additional Comments: _____

I certify that the information contained in this Speech-Language Pathologist or Audiologist Verification of Credential is true in every respect in accordance with the records on file with:

_____

(State and Official Name of Board/Agency)

_____

Executive Officer/Official

Seal

_____

Title

_____

Date

PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE. Applicants are required to send the sealed unopened envelope with their application.

NOTICE TO APPLICANTS: This notice is given pursuant to Minnesota Statutes, section 13.04, subdivision 2, and section 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health will use information provided in your application to determine if you meet Minnesota Statutes, sections 148.511 through 148.198 requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. When you become license the application data, except social security number, becomes public. Information submitted to the Commissioner in your license application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, the Speech-Language Pathologist and Audiologist Advisory Council and its staff; staff of the Attorney General's office; and persons whom they contact including any person to whom they contact including any person to whom the

Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.