

**VERIFICATION OF EDUCATION FOR TEMPORARY PARAPROFESSIONAL LICENSE AS AN  
APPRENTICE IN SPEECH-LANGUAGE PATHOLOGY**

**1. COMPLETED BY APPLICANT:**

NAME OF APPLICANT:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
I, _____, AM REQUESTING THE RELEASE OF THE FOLLOWING INFORMATION:		

**2. COMPLETED BY PROGRAM DIRECTOR:**

<b>THE INDIVIDUAL NAMED ABOVE IS (CHECK ONE OF THE FOLLOWING):</b>	
<input type="checkbox"/> ENROLLED IN A MASTER’S DEGREE PROGRAM IN SPEECH- LANGUAGE PATHOLOGY OR COMMUNICATION DISORDERS <b>AND</b> COMPLETES A MINIMUM OF 9 SEMESTER HOURS PER YEAR OF GRADUATE COURSES IN COMMUNICATION DISORDERS – <b>MUST ATTACH A COPY OF THE DEGREE PLAN</b>	
<input type="checkbox"/> ENROLLED IN AND COMPLETES 9 SEMESTER HOURS OF GRADUATE COURSES PER YEAR WITH AT LEAST 3 HOURS IN COMMUNICATION DISORDERS AND 6 HOURS TAKEN IN A RELATED FIELD	
NAME OF INSTITUTION:	
INDICATE DATES 9 HOURS OF COURSEWORK WILL BE OR HAVE BEEN COMPLETED:	
HAS APPLICANT MET THE GPA REQUIREMENT OF 3.0?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>**ACCEPTANCE INTO A MASTER’S DEGREE PROGRAM MUST TAKE PLACE WITHIN 2 YEARS OF INITIAL LICENSE**</b>	
PROGRAM DIRECTOR’S NAME:	
PROGRAM DIRECTOR’S SIGNATURE:	DATE:

