LARA/HLD-071 (01/13)

Michigan Department of Licensing and Regulatory Affairs

Print Form

Board of Speech-Language Pathology
PO Box 30670
Lansing, Michigan 48909
Phone: (517) 335-0918
www.michigan.gov/healthlicense

LIMITED LICENSE RENEWAL

VERIFICATION OF EMPLOYMENT IN AN EDUCATIONAL SETTING

YOUR LICENSE WILL NOT BE RENEWED UNTIL WE RECEIVE THIS INFORMATION.

This form cannot be submitted on-line. Forms submitted that are not signed will be returned for a signature.

SECTION I- INSTRUCTIONS: Please type or print this form. Fill in all requested information in Section I, and submit this form to your employer for the required verification and signature.

First Name:		**Middle Name:**		**Last Name:**	

US Social Security #		**Michigan Permanent I.D./License #**	

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER

SECTION II- CERTIFICATION OF EMPLOYMENT Please complete the following information. Return this completed form directly to the MIchigan Board of Speech-Language Pathology at the address shown on this form.

I certify that _____ **is currently employed at**
(Applicant's Name)

_____
(Name of school district, nonpublic school, or state deptment providing educational services)

_____
(Street Address)

_____ _____ _____
(City) (State) (Zip Code)

The applicant's starting date of employment was: _____
(Month/ Day/Year)

The applicant's position is: _____
(Title)

_____ _____
Signature and Title Date

_____
Print or Type Name

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc..., under the Americans with Disabilities Act, you may make your needs known to this agency.