



Bureau of Professional Licensing
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SPEECH LANGUAGE PATHOLOGIST VERIFICATION OF EMPLOYMENT IN AN EDUCATIONAL SETTING

Authority: 1978 PA 368

THIS FORM IS ONLY REQUIRED FOR LIMITED LICENSE RENEWALS.

This form must be completed by your employer.

Print or Type

Licensee's First Name	Middle Name	Last Name	Michigan Permanent I.D./License #
Licensee's Place of Employment			Licensee's Position/Title
Street Address of Place of Employment			
City	State	Zip Code	
Starting Date of Employment (Month/Day/Year)			

CERTIFICATION AND SIGNATURE

I certify the Speech-Language Pathologist named above is currently employed at this Educational Institution.

Signature and Title

Date

Print Name