STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE AND HEARING

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CURRENT PENNSYLVANIA EMPLOYMENT FORM

****NOTE: Your license cannot be renewed until this document is received in the Board office.****

LICENSEE – Complete top section and have your Pennsylvania employer complete the bottom section. If you have more than one employer, make copies of this page and have each employer complete one.

Last Name (Please Print) First Middle

Street Address (Please Print)

City (Please Print) State Zip Code

Social Security Number (Please Print) License Number

EMPLOYER – Complete bottom section and return to licensee.

In accordance with Sections 16 and 17 of the Speech-Language and Hearing Licensure Act of December 21, 1984, PL 1253, 63 P.S. § 1716 and 1711, I the undersigned, being duly authorized, certify that _____, is the name of a corporation, partnership, trust, association, company, or organization, which engages in the practice of Speech Language Pathology, Audiology, or Teaching of the Hearing Impaired by the employment of individuals licensed under the provisions of this act, submits itself to the rules and regulations of the State Board of Examiners in Speech, Language, and Hearing and the provisions of the Act which the Board considers applicable.

VERIFICATION

I verify that the statements on this page are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA C.C § 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. (Notarization not required.)

Pennsylvania Employer's Signature Title Date

Mailing Address of Place of Employment City State, Zip Code

Print or type name of employer