

MAILING ADDRESS: PO BOX 2649 Harrisburg, PA 17105-2649	STATE BOARD OF EXAMINERS IN SPEECH- LANGUAGE PATHOLOGY AND AUDIOLOGY st-speech@state.pa.us (717) 783-1389	COURIER ADDRESS: 2601 North Third Street Harrisburg, PA 17110
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REQUEST FOR CERTIFICATION OF LICENSURE

To obtain a certification of your license, you must complete this form and return it to the mailing address above with a \$15.00 fee, check or money order, payable to the "Commonwealth of PA." There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment.

LICENSEE INFORMATION

LICENSEE'S NAME:	Last: _____ First: _____ Middle Initial: _____ Maiden: _____			
LICENSE #:	_____			
SOCIAL SECURITY #:	TELEPHONE NUMBER:		_____	
	EMAIL ADDRESS:		_____	
LICENSEE'S ADDRESS:	_____			
	City: _____ State: _____ Zip Code: _____			

MAILING INFORMATION

PLEASE PROVIDE THE NAME AND ADDRESS WHERE THE COMPLETED CERTIFICATION SHOULD BE MAILED.		
NAME:		
STREET:		
CITY:	STATE:	ZIP CODE:

PLEASE NOTE: Effective May 19, 2008, Letters of Good Standing/Verifications of Licensure will only be sent to another licensing board directly from our office. These verification documents will no longer be provided to applicants. Each licensing board in the United States has been made aware of this new policy.