To the Applicant: Complete this side of the form and the top portion of the other side of this form and forward one to each state where you hold or have held a licensure to practice Speech-Language Pathology.

To:________________________________________________________________________

Name of State Board you were/are licensed as a Speech-Language Pathologist or Speech-Language Pathology Assistant

I am applying for a license in South Dakota to practice Speech-Language Pathology.

I was granted license #____________ by the State of _____________________________.

My level of licensure is/was:

☐ Speech-Language Pathologist
☐ Provisional Speech-Language Pathologist
☐ Limited Speech-Language Pathologist
☐ Speech-Language Pathology Assistant

The South Dakota Board of Speech-Language Pathologists request that I submit verification that my license is or was in good standing at the time of licensure. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Examiners for Speech-Language Pathology. A timely response is appreciated.

Applicant Name:___________________________________________________________
(Printed Name)

Applicant Signature:_______________________________________________________

Date:________________________
(mm/dd/yyyy)

(Over)
To the Applicant: Complete the top portion and back of this form and forward to the licensing authority/regulatory board in each state in which you were previously licensed or are currently licensed.

Full Name: ____________________________________________________________________
 (Last Name)  (First Name)                (M.I)  (Maiden)

Mailing Address: ____________________________________________________________
 (Street or P.O. Box)  (City)  (State)  (Zip)

License/Certificate No._____________ Date Issued: ______________Date Exp: ___________

To the Licensing authority/regulatory Board: Please provide the information requested below and return directly to the Board address indicated at the top of the page. Please affix a board seal to this form.

1. The above individual is/was licensed and was granted State License Number: ______________

2. Level of Licensure: ________________

3. Original Issue Date: ________________

4. Expiration Date: ________________

5. Were there any complaints or disciplinary actions against the license?   Yes             No
 If yes, please provide an explanation. Attach a separate sheet if necessary.  
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

6. Licensure was granted based on (please select one):

[ ] Written Examination (state)       [ ] Reciprocity with ____________________
[ ] Endorsement                      [ ] Practicum                      [ ] Other (please explain)

__________________________________________________________________________________

Was the Praxis examination taken?    Yes             No
If no, what exam was administered? ___________________________________

*PLEASE SEND A COPY OF ALL TEST SCORES WITH THIS FORM.

___________________________________ ___________________________________
Printed Name of Board Representative   Signature of Board Representative

__________________
Date (mm/dd/yyyy)

Board Address: ____________________________________________________________
 (Mailing Address)                              (City)                    (State)            (Zip)

Board Telephone #: (_____) _________________    Board Fax #: (_____) _________________