

VERIFICATION OF LICENSE IN OTHER STATE

SOUTH DAKOTA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY
810 North Main #298
Spearfish, SD 57783
(605) 642-1600

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)

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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 #: (_____) _____