LICENSE VERIFICATION FORM

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

BEFORE SENDING IN THIS REQUEST PLEASE VERIFY WITH THE STATE BOARD OFFICE THAT YOU ARE REQUESTING THIS FORM BE SENT TO. MANY STATE BOARDS HAVE THEIR OWN FORMS THEY WANT YOU TO UTILIZE FOR LICENSE VERIFICATIONS. IF THEY DO HAVE A SPECIFIC FORM THEY WANT YOU TO USE FOR VERIFICATION PLEASE MAIL IT OR EMAIL IT TO THE BOARD OFFICE.

Print or type name of licensee to be verified: _____

License number: _____

Licensee Phone Number: _____

Send license verification to:

Name: _____

Attention: _____

Address: _____
(Mailing Address/PO Box) (City) (State) (Zip)

Phone Number of Board Office: _____

If your address has changed please fill out the information below so we can update your records:

Licensee Name: _____
(Last) (First) (M.I.) (Maiden)

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

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____