VERIFICATION FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested and then mail one form to the licensure board in EACH state where you hold or have ever held a certificate/license/permit to practice any profession. (Copies of this form can be used). NOTE: Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

TO BE COMPLETED BY APPLICANT

I, the undersigned applicant, was granted a (circle one) license/certificate/permit to practice ________________ with (check one) license/certificate/permit number __________________ on _______________ in the State of __________________. The Tennessee Board of Communication Disorders and Sciences requests that I submit evidence of the current status of that license in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Communication Disorders and Sciences.

________________________________________    _________________________
Applicant’s Signature       Date

________________________________________
Applicant’s Typed or Printed Name

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TO BE COMPLETED BY ADMINISTRATIVE OF STATE CERTIFICATION BOARD

Name in full as it appears on license/certificate/permit:

(First)    (Middle)     (Last)

License/Certificate/Permit Number: ________________________ Profession: __________________________

Date Issued: ________________________  Date of Expiration: ____________________________

Basis of Issuance:
(Check One)   ( ) CCC from ASHA   ( ) Reciprocity   ( ) Other, Specify ______________________

The license is currently active and registered? Yes ______ No ______

Is there any derogatory information on file? Yes ______ No ______  If yes, Please attach supporting documentation

________________________________________    _________________________
Authorized Signature       Title       Date

Seal