



**University of Connecticut
Department of Speech, Language, and Hearing Sciences**

Verification of Certification form

Name _____

(If name was changed within the past 12 months, please include former name)

ASHA Account #: _____ Date of renewal: _____

Employer/Facility: _____

Address: _____

Preferred e-mail address: _____

Work phone: _____

I hold the following currently valid credentials to practice (please check all that apply):

_____ **ASHA Certificate of Clinical Competence in:**

_____ Audiology _____ Speech-Language Pathology

_____ **American Board of Audiology certification:** Account # _____

_____ **State license from** _____ **as:**

(Name of State)

_____ Audiologist _____ Speech-Language Pathologist

_____ **School certification from** _____ **as:**

(Name of State)

_____ Speech and Language Pathologist _____ Other _____

(Please specify)

I agree that I am able to provide the amount of observation and supervision that is appropriate for the students from the Communication Disorders program at the University of Connecticut who are assigned to me.

Signature

Date