

**FORM SLP-1****VERIFICATION OF SPEECH-LANGUAGE SUPPORT PERSONNEL SUPERVISOR'S INFORMATION**

Part of State Form 53764 (R10 / 10-22)

Approved by State Board of Accounts, 2017

**INSTRUCTIONS:**

1. Complete **SECTION A** and forward this form to your field supervisor.
2. **SECTION B** must be completed by a speech-language pathologist licensed by the board.
3. List any additional work site addresses on a separate sheet of paper.

**SECTION A / APPLICANT INFORMATION**

Name of applicant ( <i>last, first, middle, maiden or previous name</i> )	Social Security Number *
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Level of supervisor ( <i>please check one only</i> )
<input type="checkbox"/> Aide <input type="checkbox"/> Associate <input type="checkbox"/> Assistant

**SECTION B / SUPERVISOR'S INFORMATION**

Name of supervisor ( <i>last, first, middle, maiden or previous name</i> )		Number of years of clinical experience	
Indiana license number	Date of expiration ( <i>month, day, year</i> )	ASHA certification number	Date of expiration ( <i>month, day, year</i> )

**NAME OF SCHOOL / HOSPITAL / FACILITY / COMPANY WHERE THE SUPPORT PERSONNEL WILL BE EMPLOYED**

Name of school / hospital / facility / company		
Address ( <i>number and street or rural route</i> )		
City	State	ZIP Code
Telephone number (     )	E-mail address	

**ADDRESS OF LOCATION WHERE SERVICES WILL BE PROVIDED**

Address of location ( <i>number and street or rural route</i> )		
City	State	ZIP Code

**SUPPORT PERSONNEL CURRENTLY REGISTERED UNDER YOUR LICENSE**

<i>Please list the support personnel name(s) and registration number(s) currently registered under your license.</i>	
<b>NAME</b>	<b>REGISTRATION NUMBER</b>

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or Board, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (month, day, year)