Speech-Language Pathology Assistant (SLPA) Academic Preparation and Practicum Form Verification for Licensure Application

Name of Applicant	
	rogram Director of the Department/Program
of	, I verify that the above individual: (Name of College/University)
holds not less than an associate's degree , or its equivalent, with a major emphasis in speech-language pathology from an accredited academic institution with:	
2)	includes, but is not limited to, course work in oral and written communication, mathematics, computer applications, social sciences, and natural sciences.
Yes, this individual has met the above academic requirements. No, this individual has not met the above academic requirements.	
ins ☐Yes, th	e individual has completed a minimum of 25 hours of clinical observation that was provided by the educational titution. - The clinical observation includes direct on-site observation of a licensed speech-language pathologist. nis individual has met the above clinical observation requirement. is individual has not met the above clinical observation requirement.
lice ☐Yes, th	e individual has completed a minimum of 100 clock hours of supervised clinical experience supervised by a ensed speech-language pathologist. - The clinical experience requirement must be completed through an accredited academic institution with a Board approved degree program. nis individual has met the above clinical experience requirement. is individual has not met the above clinical experience requirement.
If yes,	ndividual's degree was granted by an accredited college or university. Yes or No (circle one) identify the accrediting organization (ex. Higher Learning Commissions HLC; Western Association of ls and Colleges WASC, etc.) List:
]	Program Directors Signature Print Program Directors Name Date