

Maryland Department of Health
**Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech-Language Pathologists and Music Therapist**
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone 410-764-4725 Fax 410-358-0273
TTY/Maryland Relay Service 1-800-735-2258

**Verification of Satisfactory Completion of
Speech-Language Pathologist Clinical Fellowship Year**

I hereby declare that _____
Name of Applicant

of _____
Street City State Zip Code

an applicant for Maryland licensure in speech-language pathology, was employed as a
professional in that field from _____ to _____ for _____ hours per week.
mm/dd/yyyy mm/dd/yyyy

The place of employment was _____
Facility Name

Address City State Zip Code

I further declare that the applicant was supervised by _____
Name of Supervisor

At that time the CFY supervisor held (must be at least one of the following):

Maryland License in Speech-Language Pathology License# _____

ASHA Certification in Speech-Language Pathology Certificate# _____

A License in Speech-Language Pathology from the State of _____
from which licensure requirements were equivalent to ASHA certification.

**I verify that during the employment period, the applicant reached a satisfactory level of
competence in the area in which licensure is sought.**

Signature of Supervisor

Typed or Printed Name

Title

Date

Current Phone Number

Form AS3