

Licensure Board Affidavit

This section is to be completed by the speech-language pathologist applying for a Maryland license.

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Social Security Number _____

Graduate of _____ Date _____

This portion of the affidavit is to be completed by the Licensure Board you are requesting verification from.

****Please verify the license of the above applicant in your state of jurisdiction****

State _____ License # _____ Date Issued _____

With State Examination _____ Without Examination _____

Is license in good standing? _____ Expiration Date _____

Has the license ever been suspended or revoked? _____ If yes, please explain why:
Attach a separate sheet

Has the license been reinstated? _____

Has any disciplinary action been taken against the licensee? _____ If yes, please explain:

Is there any derogatory information on file concerning this licensee? _____ If yes, please explain:

Signature _____ Date _____

Title _____

Affix Board
Seal Here

Form AS4

Revised January, 2021