

**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