

**Form SA3**

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

**Educational Institution Verification of Completion of Required Clinical Hours**

The Board's regulations require that the speech-language pathology assistant shall demonstrate completion of at least 25 hours of clinical observation and 75 hours of clinical assistance experience obtained within an educational institution or in one of the institution's cooperating programs.

Applicant (Please Type or Print)

Name: \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Dates Attended (mm/yy): From \_\_\_\_\_ to \_\_\_\_\_

**Verification**

I verify that \_\_\_\_\_ completed the following clinical observation hours  
Applicant  
and clinical assistance hours during the time the applicant was a student.

25 Clinical Observation Hours Completed From \_\_\_\_\_ to \_\_\_\_\_

75 Clinical Assistance Hours Completed From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone