

FORM SA8

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

Affidavit To Be Completed By Licensure Board

This portion of the form is to be completed by the Speech-Language Pathology Assistant:

Please verify licensure certification or registration as a Speech-Language Pathology Assistant in your State for:

First Name _____ Middle _____ Last Name _____

Date of Birth: _____ Social Security Number: _____

License/Certificate/Registration Number: _____

This portion of the affidavit is to be completed by the Board:

License/Certificate /Registration Number: _____ Date Issued: _____

Is License/Certificate/Registration in good standing? _____

Expiration Date: _____

Please provide basis for qualifying for license/certificate/registration as a Speech-Language Pathology Assistant in your state that this person met (e.g. educational requirements, practice requirements, examination, etc.)

Please attach law and regulations governing Speech-Language Pathology Assistants for your state.

Has License/Certificate/Registration ever been suspended or revoked? No Yes

If yes, please explain why or attach additional explanation.

Has License/Certificate/Registration been reinstated? _____

Has disciplinary action ever been taken against this person? _____ If yes, please explain why or attach additional explanation.

Is there any derogatory information on file concerning this person? No Yes

If yes, please explain or attach additional explanation.

Signature _____ Date _____

Title _____

State Board of _____

State of _____

State Seal Here