

Verification of Licensure and Good Standing

It is the applicant's responsibility to contact all jurisdictions that they have held or are holding licensure in and facilitate the delivery of an original verification of their licensure from that Jurisdiction to this Board.



Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.bspa.state.or.us

Section A – For Applicant to Complete

Please complete this section and forward to the jurisdiction of licensure for them to complete and return to us.

Name: _____ ID Number for the below Juris: _____

I, _____, authorize the release of information from the jurisdiction below to the Oregon Board of Examiners for Speech-Language Pathology & Audiology to determine my fitness for a license there.

Signature

Date

Section B – For Licensing Entity to Complete

The licensee below has applied for a license in Oregon and indicates that they were licensed in your jurisdiction. Please fill this form out, sign, date and affix your seal to it, returning to us at:

Verifications
Oregon Speech Board
800 NE Oregon St Ste 407
Portland OR 97232

State Seal
Here

Licensee Name: _____

License #: _____

Initial Date: _____

Expiration Date: _____

Any Legal or Disciplinary action on this license? Yes* No
* Please provide the documentation for the discipline.

Verified by: _____ **Date:** _____

Title: _____