

Complete verifications must be sent directly from the licensing agency to the board office at [info@floridasspeechaudiology.gov](mailto:info@floridasspeechaudiology.gov), or mailed to:



Board of Speech-Language Pathology & Audiology  
4052 Bald Cypress Way Bin C-06  
Tallahassee, FL 32399-3256

## Board of Speech-Language Pathology & Audiology Verification of Employment for a Provisional Licensee (SPA-2A)

Applicant Name: \_\_\_\_\_

| Select the appropriate license type:                 |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Audiologist |

License Number: \_\_\_\_\_

***The remainder of this form is to be completed by the supervising licensed speech-language pathologist/audiologist verifying the employment.***

Supervisor Name: \_\_\_\_\_

| Select the appropriate license type:                 |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Audiologist |

License Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Office or Agency where experience will take place: \_\_\_\_\_

### Certification:

*I understand that pursuant to section 468.1155(1), Florida Statutes (F.S.), a provisional license is required prior to the above-named applicant initiating the professional employment experience.*

*I certify that the professional employment shall include assessment, habilitation, and rehabilitation activities with the clients. The activities performed by the provisional licensee will be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.*

*I acknowledge receipt of chapter 468, Part I, F.S., and related rules and further acknowledge that I have read these regulations. I understand that it is my responsibility to keep informed of any changes to chapter 468, Part I, F.S., and related rules.*

*I certify that the above information is true and correct to the best of my knowledge.*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MM/DD/YYYY