

Supplement 2— Verification of Licensure in Good Standing



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

Each applicant must request a verification of licensure in good standing from each jurisdiction (state licensing board or teacher/educator certification agency) for each professional license or certification you have ever been issued. You may use this form, or a form the other board/agency provides, as long as the same information is provided to this Board.

Note: Many boards/agencies charge the applicant for this service. The applicant is responsible for paying such fees and for facilitating the request. The Oregon Board cannot issue your license until this information is received directly from each board/agency.

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: _____ License # for the below Jurisdiction: _____

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 an Oregon license.

Signature

Date

Section B – For Licensing Entity to Complete

The licensee below has applied for a license in Oregon and indicates that have been 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

Jurisdiction (State/Agency): _____

Licensee Name: _____

License #: _____

Initial Date: _____

Expiration Date: _____

State Seal
Here

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

Verified by Name (print): _____ **Date:** _____

Signature: _____ **Title:** _____