

### Verification of Out of State License

To be completed by applicant:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize and request the state board of  
(signature)  
\_\_\_\_\_ to furnish the Arkansas Board of Examiners in Speech-Language  
(State)  
Pathology and Audiology documents, records, or other information regarding charges or complaints filed  
against me, formal or informal, pending or closed, and to include any other pertinent licensure  
information.

To be completed by state board:

Area of Licensure \_\_\_\_\_ License #: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is License Current? \_\_\_\_\_ In Good Standing? \_\_\_\_\_

Has the applicant ever been the subject of complaints or charges received by a disciplinary authority in  
your state? \_\_\_\_\_ If yes, attach details.

Has applicant ever been notified or requested to appear before any licensing or disciplinary authority in  
your state? \_\_\_\_\_ If yes, attach details.

Has the applicant ever been warned, censured, or disciplined in any manner by a licensing or disciplinary  
authority in your state? \_\_\_\_\_ If yes, attach details.

Has any application by the above applicant ever been denied? \_\_\_\_\_  
If yes, attach details.

Remarks: \_\_\_\_\_  
(Attach page if necessary)

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

Signature: \_\_\_\_\_

affix state or board  
seal here

State Board: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to :** Arkansas Board of Examiners in SLP and A,  
101 East Capitol, Suite 211, Little Rock, AR 72201  
Ph: 501/682-9180 Fax: 501/682-9181