Budget: ZZ117
Fund: 158

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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COURSEWORK AND CLINICAL EXPERIENCE FORM FOR AUDIOLOGY INTERN

TO: COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR APPROVED COLLEGE/UNIVERSITY DESIGNEE

The State Board of Examiners for Speech-Language Pathology and Audiology requests that you verify the coursework and clinical experience for the individual named on this form. This information is necessary to process the applicant's request for an audiology intern license.

Name of Student_______________________________________ **Social Security #** _______________________

Name of College/University ____

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Please give the date the student is eligible to begin their supervised internship:

_________/_________/______________

I certify that the above named student has completed all required academic and clinical coursework and is eligible to begin their full time internship experience.

____ ____

Printed Name of Program Director or Director Designee   Signature of Program Director or Director Designee

Date: _______________________________