



FIELDWORK EXPERIENCE VERIFICATION FORM SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAMS

INSTRUCTIONS: Complete all sections of the form and submit to college or university for verification. The current training program director/coordinator must sign this form.

APPLICANT'S NAME: _____

UNIVERSITY OR COLLEGE: _____

SUPERVISOR'S FULL NAME & LICENSE NUMBER	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE FROM (MO/YR) TO MO/YR)		HOURS EARNED
GRAND TOTAL:				

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

 NAME OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 DATE

 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 DATE

 APPLICANT'S SIGNATURE

 DATE