

**Speech-Language Pathology Assistant
Academic Requirement Form**

Verification for Licensure Application

Name of Applicant: _____ Social Security# _____

Name of University/College: _____

Please check one of the following:

I have requested that my official transcripts be mailed to OBESPA:

I am mailing my official transcript to OBESPA:

Please list your 18 Semester Credit hours of General Education:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

20 hours of technical content must be earned in the following areas:

Please list number of hours and dates for each area.

	# of Hours	Dates
1. Normal processes of communication	_____	_____
2. Overview of communication disorders	_____	_____
3. Instruction in assistant-level service delivery practices	_____	_____
4. Instruction in work-place behaviors	_____	_____
5. Cultural and linguistic factors in communication	_____	_____