



EMPLOYMENT WORK EXPERIENCE VERIFICATION FORM FOR BACHELOR'S DEGREE HOLDERS

INSTRUCTIONS: Do not print this form double-sided. Complete all sections of the form and send to employer and supervisor for verification of information. You must complete a separate form for each employer. Work experience completed while working in the capacity of a registered speech-language pathology aide under direct supervision does not qualify under this provision.

APPLICANT'S NAME: _____

ADDRESS OF RECORD: _____

EMPLOYER'S NAME*: _____

EMPLOYER'S ADDRESS _____

*IF THIS IS A NON PUBLIC AGENCY OR NON PUBLIC SCHOOL, YOU MUST ATTACH AN EMPLOYMENT VERIFICATION LETTER.

POSITION TITLE: _____

DATES OF EMPLOYMENT: FROM (MO/YR): _____ TO (MO/YR) _____

TOTAL HOURS PER WEEK WORKED: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE RESPONSIBLE SUPERVISOR AND/OR EMPLOYER.

Explanation of Supervision Types:

Immediate Supervision - In view and requires the supervising Speech-Language Pathologist to be physically present.

Direct Supervision – Supervisor is onsite and available for in-person consultation and oversight.

Indirect Supervision – Supervisor available for consultation via telephone or other electronic means.

LIST ALL DUTIES/TASKS PERFORMED BY THE APPLICANT BE VERY SPECIFIC (Attach Additional Pages If Needed)	TYPE OF SUPERVISION PROVIDED FOR EACH DUTY/TASK PERFORMED, E.G. IMMEDIATE, DIRECT, INDIRECT, OR NO SUPERVISION

YOU MUST PROVIDE THE FOLLOWING INFORMATION FOR THE RESPONSIBLE SUPERVISOR:

*If you hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech, and hearing **you must attach a copy of the credential (front and back)**. If you hold a license in another state or ASHA certification you must attach proof.

PRINT SUPERVISOR'S FULL NAME: _____ LICENSE NO. OR CREDENTIAL NO. _____

ADDRESS OF RECORD: _____

TELEPHONE NO.: _____

I certify that all work experience listed on this form was 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.

SIGNATURE OF EMPLOYER/HUMAN RESOURCES DIRECTOR DATE

APPLICANT'S SIGNATURE DATE

SUPERVISOR'S SIGNATURE DATE