



Hearing and Speech Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Professional Reference Request

To be completed by post-graduate supervisor. Please print Clearly. Please be advised upon receipt of written request, this form will become a public document.

Supervisor	Organization	
Position		
Address		
City	State	Zip

_____, has applied for license as an Audiologist/
Speech Language Pathologist in the state of Washington. We would appreciate your completion of this reference form and return directly to the above address.

1. Relationship to Candidate: Post-Graduate Supervisor Other (specify) _____
Appropriate dates of this relationship: From _____ To _____
Percent of applicant's time spent in audiology/speech pathology work: _____
Title of applicant's position and name of organization: _____

2. Describe briefly the applicant's duties as you know them in the position listed above: _____

3. Please comment on the applicant's professional judgment, responsibility, integrity and relationships with professional peers and clients: _____

4. If you were a supervisor of the applicant's post-graduate work, please complete the following:
- A. Dates of post-graduate supervision: From _____ To _____
 - B. Total number of hours of post-graduate audiology/speech pathology work you supervised (this should be a number and not a percentage): _____
 - C. Total number of hours of face to face supervision you provided (this should be a number and not a percentage): _____

Applicants are required to have thirty-six weeks of full-time professional experience or part-time equivalent.

5. Please check the areas in which you judge the candidate to be technically competent and able to meet reasonable standards in the profession of audiology/speech pathology. Please double-check what you regard as the applicant's specialty area(s):

Audiology Speech Language Pathology Medical Education Other

Do you feel the candidate is a credit to the profession of audiology/speech pathology?

Yes No Please explain: _____

6. Do you have any reservations against recommending the applicant for certification in the state of Washington for independent practice? Yes No

If Yes, please comment specifically. Include any other information you consider relevant:

7. Is there any other information about the candidate which you believe should be provided to the Board of Hearing and Speech? Yes No If Yes, please explain: _____

I have carefully read the questions in the professional reference form. I have answered them completely, without Reservations of any kind, and I declare under penalty my answers and all statements made by me herein are true and correct.

Signature _____ Date _____

Your Name (please print) _____ Phone _____

Highest degree earned _____

Licensed Audiologist Yes No State(s) _____ Yr. Cert. _____ Cert # _____

Licensed Speech Path Yes No State(s) _____ Yr. Cert. _____ Cert # _____