

**MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS**  
**PO BOX 200513**  
**301 S PARK, 4<sup>TH</sup> FLOOR**  
**Helena, MT 59620-0512**  
**Licensing Phone: 406-444-5711**  
**Email: [UnitB@mt.gov](mailto:UnitB@mt.gov) Website: [www.slpaud.mt.gov](http://www.slpaud.mt.gov)**

**REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE**

**APPLICANT:** Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold or ever have held a license. Complete the form and mail it to any state board in which you are requesting official license verification be sent to the Montana Board of Speech-Language Pathologists and Audiologists. You may make as many copies of this form as you wish. Be advised that some boards require a fee for this service. It is recommended you contact the board(s) prior to mailing in this form to see if you need to include payment.

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**LICENSEE INFORMATION**

To Whom It May Concern:

I am applying for a license to practice Speech-Language Pathology and/or Audiology in the state of Montana and the Board of Speech-Language Pathologists and Audiologists requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

**Montana Board of Speech-Language Pathologists and Audiologists**  
**PO Box 200513**  
**Helena, MT 59620-0513**  
or  
**Email to: [UnitB@mt.gov](mailto:UnitB@mt.gov)**

Your prompt response is appreciated.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

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