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Note: As of June 1, 2019, the Board’s phone number will change to: (804) 597-4132

EMPLOYMENT VERIFICATION

APPLICANT INFORMATION – To be completed by applicant. Please type or print.			
Last Name	First Name	Middle Initial	Other Names Used
I hereby authorize the release of employment verification to the Virginia Board of Audiology and Speech-Language Pathology.			
Signature:		Date:	

EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative and mailed directly to the Board. The individual named above is applying for licensure as an Audiologist or Speech-Language Pathologist in the Commonwealth of Virginia. Please verify the employment history and status of this individual. In lieu of completion of this form, an employer may send a letter confirming requested information. If providing via fax, please provide cover sheet as well.			
Employer’s Business or Organization Name:			
Type of Business:			
Business Address:			
Phone:		Email Address:	
Employee Name		Position Title	
Employment Begin Date (mm/dd/yyyy)		Employment Status	
Provide all practice locations and dates of employment. If more space is required, list on separate paper.			
Practice Locations		Dates of Employment	
Print Name		Signature and Date	