APPLICATION FOR
SPEECH PATHOLOGY AND/OR
AUDIOLOGY SERVICE

Reply to:

HOSPITAL NAME

1. Name and qualifications of the person responsible for the service:

2. Name, board eligibility or certification status of otolaryngologist available to the service:

3. Number of speech pathologists available to the service:
4. Number of audiologists available to the service:
5. Number of unlicensed persons assigned to the service:
6. Number of speech pathology treatments provided annually:
7. Number of audiology treatments provided annually: