

**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: _____