

LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION
CERTIFICATED WORKFORCE MANAGEMENT AND QUALIFICATIONS

SPEECH AND LANGUAGE RENEWAL AFFIDAVIT

✓ _____ ✓ _____ ✓ _____ ✓ _____ ✓ _____
Last Name First Name Middle Pers ID/Emp No. Last 4 Digits of Social Security #

✓ _____ ✓ _____
School Name Educational Service Center (ESC)

(✓) Check appropriate box

- Speech Pathologist
 Clinical Rehabilitative Services Credential in Speech, Language and Hearing

AND (✓) Check appropriate box

- I submitted the renewal payment to the Department of Consumer Affairs on (Date) ✓ _____
Confirmation Number/Verification ✓ _____

OR

- I received my renewed license, the expiration date is: ✓ _____

You must request and complete Form 6087 if you have ever been convicted of **any** violations of law, **whether or not** you were fined, placed on probation, given a suspended sentence, or forfeited bail, and **regardless** of any subsequent court dismissal or expungement. You must also report any pending criminal court cases. (Do not include minor traffic violations such as parking or speeding).

- YES**, I have a new conviction or pending criminal court case to report and hereby need to complete Form 6087. (Also required to get clearance in person from Employee Relations, 333 S. Beaudry Ave. 14TH Floor).
- YES (But nothing since cleared by the District) – Not required to complete Form 6087**
- NO**

I certify under penalty (Ed. Code 44362) that the statement checked above is true. I know of no reason why this permit should not be granted.

✓ _____ ✓ _____ ✓ _____
Name Date Home Phone Number

✓ _____ ✓ _____
E-mail Address Cell Phone Number

Office Use Only

Input Date: _____

Credentials and Contract Assistant: _____ Expiration Date: _____

SLP AFFIDAVIT

Please click on the "Submit" button to renew.

