



**Los Angeles County
Office of Education**
Serving Students • Supporting Communities
Leading Educators

Division of School Financial Services
Certification Section - Room 132
9300 Imperial Highway, Downey, CA 90242-2890

**For School Financial Services
Use Only.**

**REQUEST FOR COUNTY REGISTRATION
Clinical Rehabilitative Services License
Speech and Hearing Therapy Only
(EC 44831)**

REGISTRATION DATE
REGISTRATION NO.
TYPE/TITLE CODE - RESTRICTED TO DISTRICT

NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT

Applicant Information (To be completed by applicant)

TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)		
MAIDEN OR FORMER NAME	SOCIAL SECURITY NUMBER	BIRTHDATE
CHECK ONE <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	PREVIOUS DISTRICT/COUNTY EXPERIENCE	
Applicant Affidavit		
I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for the performance of service requiring certification; and that I have submitted all required documents per EC 44831 to the district for board approval, authorizing public school service.		
Signed this _____ day of _____, City of _____, California		
X _____ SIGNATURE OF APPLICANT		

Employment Information Per EC 44831 (To be completed by employer)

PRINT TITLE OF JOB ASSIGNMENT	PERIOD OF EMPLOYMENT FROM _____ TO _____
HAS LICENSE ISSUED BY CALIFORNIA SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD: <input type="checkbox"/> Yes <input type="checkbox"/> No	LICENSE NUMBER _____
LICENSE EXPIRATION DATE _____	MASTERS DEGREE IN COMMUNICATION DISORDERS VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No
DEGREE DATE (MONTH-DAY-YEAR) _____	DATE DOJ CLEARANCE WAS RECEIVED _____
EMPLOYER HAS CONFIRMED THAT A VALID NON-EXPIRED COC, ASCC, CREDENTIAL OR PERMIT WAS GRANTED BY THE CTC WITH AN EFFECTIVE DATE OF: _____	
1. I have determined that the above named individual has met all qualification requirements of EC 44831 and has been employed by the district board of education to provide speech and language services.	
2. I certify that the foregoing information is true and accurate, and this affidavit is signed under penalty of perjury.	
SCHOOL DISTRICT NAME _____	
PRINT OR TYPE FIRST AND LAST NAME OF AUTHORIZED EMPLOYING OFFICIAL _____	TITLE OF AUTHORIZED EMPLOYING OFFICIAL _____
SIGNATURE OF AUTHORIZED SCHOOL EMPLOYING OFFICIAL _____	DATE SIGNED _____

Education Code Section 44831.

Governing boards of school districts shall employ persons in public school service requiring certification qualifications as provided in this code, except that the governing board of a county office of education may contract with or employ an individual who holds a license issued by the Speech-Language pathology and Audiology Board and has earned a masters degree in communication disorders to provide speech and language services if that individual meets the requirements of Sections 44332.6 and 44830 before employment or execution of the contract.

Submit completed form to address at top of form.