



Los Angeles County
Office of Education

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

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

For School Financial Services
Use Only.

REGISTRATION DATE
REGISTRATION NO.

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

PREVIOUS DISTRICT/COUNTY EXPERIENCE

☐ Initial

☐ Renewal

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 (CLEARANCE IS VALID FOR UP TO ONE YEAR)	
		FROM	TO
HAS LICENSE ISSUED BY CALIFORNIA SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD:	LICENSE NUMBER	LICENSE EXPIRATION DATE	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
MASTERS DEGREE IN COMMUNICATION DISORDERS VERIFIED	DEGREE DATE (MONTH-DAY-YEAR)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 via fax to 562-469-4300

**or email to Certification_Unit@laoe.edu if the applicant has a COS record
and SEID#. Include the SEID# in place of the SSN.**