CERTIFICATION
OF
UNDER THE DIRECTION AND ACCESSIBILITY

I, _____, ~~CCC-SLP~~, NYS Licensed and Registered (updated 2/6/07) Speech-Language Pathologist, with current license number_____ certify that I am providing "Under the Direction" (attached) services to the following Certified Teachers of the Speech and Hearing Handicapped (Therapist):

Name of Therapist	

I am providing accessibility to the Teachers of the Speech and Hearing Handicapped in the following manner:

_____

_____

_____

_____ _____

Signature of Licensed Speech/Language Pathologist **Date**

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