

##

**Board Certified Specialist-­‐Fluency Application**

**Verification of Mentorship Form**

\*\*Form to be filled out by the **candidate’s mentor**

**To Whom it May Concern:**

You have been asked by the candidate to verify you have been their mentor for the portfolio that they recently submitted and that you have an active board certification as a specialist in fluency and fluency disorders (BCS-F).

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| --- | --- |
| **Name of Candidate:**  | **Phone Number:**  |
|  |  |
| **Place of work:**  | **Email:**  |
|  |  |
| **Address:**  |  |
|  |  |
|  |  |
| **Name of Mentor:**  | **Phone Number:**  |
|  |  |
| **Place of work:**  | **Email:**  |
|  |  |
| **Address:**  | **Length of mentorship:**  |
|  |  |
|  |  |
|  |  |

* I attest that I have mentored this clinician as they developed the portfolio they have recently submitted
* I attest that I have active board certification as a specialist in fluency and fluency disorders (BCS-F)
* I cannot attest to one or both above statements

Comments:

Signature: Date:

Printed Name:

Please complete this letter within 30 days and mail to:

Karen Schneider (ABFFD) 563 Carter Court, Suite B Kimberly, WI 54136