

Program Director's Recommendation:

The applicant's master's/doctoral degree will be/was officially conferred by this institution on _____.

(circle one)

(circle one)

The student has taken and passed the university's required comprehensive examination:

Yes _____ No _____

As the Director of the program in which this applicant received the major portion of their professional training, I recommend that a license be granted if and when all requirements are met by the applicant.

Comment(s):

Name of Applicant: _____

Signature of Program Director: _____

Printed Name: _____

Title: _____

Institution: _____

Address: _____

This form can be uploaded by the applicant with their application. If it is not uploaded with their application the Program/Clinic Director may email or mail this form separately if necessary.

Email: dbrown@ncboeslpa.org

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