



Certification

Administered by the Illinois Telecommunications Access Corporation

Instructions Please print clearly.

TO THE APPLICANT: Please deliver this form to a licensed professional certifier, who will complete and return the form to you.

TO THE CERTIFIER: The applicant is requesting specialized telecommunications equipment. Please verify that the applicant's disability presents or causes a reduced ability to use a standard telephone.

Speech Language Pathologist Information: All fields required.

Certifier Name: _____

Office Address: _____ City: _____ State: _____ ZIP: _____

Company Name: _____ State License or Certification # _____

- *All iPads come pre-loaded with ProLoquo AAC; if a different speech application is needed please provide name of speech application below.*
- *App Name:* _____
- Name of Applicant: _____

I affirm that the above-named individual meets the certification requirements of having a speech disability and that I am a certified Speech and Language Pathologist.

Certifier Signature: _____ **Date:** _____

Mail the Application, Documents and Certification to:

Illinois Telecommunications Access Corporation
3001 Montvale Drive, Suite A
Springfield, IL 62704