



# 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