

COUNTY OF ULSTER
DEPARTMENT OF SOCIAL SERVICES
1071 DEVELOPMENT COURT
KINGSTON, NEW YORK 12401-1959

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**CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY FOR
SPEECH THERAPY SERVICES**

School Year: _____

Name (TSHH/TSSLD): _____ Certification #: _____
(Please circle one)

Signature of TSHH or TSSLD

Date

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

I will keep the appropriate records documenting that the "**Under the Direction of**" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face-to-face contact with each student**, etc.) I verify that I am providing "under the Direction of "services to the above named TSHH/TSSLD.

Print Name of SLP: _____ NYS License #: _____ NPI #: _____

Signature of Licensed / ASHA Speech/Language Pathologist

Date

*Upload document to the CPSE Portal *

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