



Professional Authorization Application

Name		Date	
Telephone		Email	
H:			
W:			
Address, City, State, Zip Code			
EI Program		EI Position	
Certificate/License and Number		Type of Profession	
		<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech/Language Pathology <input type="checkbox"/> Other	
Applicants Signature			
Program Staff		Title	
<i>**Please include a letter from the director of the E.I. Program describing the need for a professional authorization**</i>			

Return to:
Carma Mordecai
CSPD Coordinator
BabyWatch Early Intervention
P.O. Box 144720
Salt Lake City, UT 84114-4720
Phone: 584-8443
Fax: 584-8496

****INTERNAL OFFICE USE ONLY****

Date Received	Date Reviewed	Date Pro. Auth. Sent
Authorization Number	Comments	
Approval Signature		