



# Professional Authorization Application

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

Return to:  
Carma Mordecai  
CSPD Coordinator  
BabyWatch Early Intervention  
P.O. Box 144720  
Salt Lake City, UT 84114-4720  
Phone: 801-273-2891  
Fax: 801-274-0042

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

<b>Date Received</b>	<b>Date Reviewed</b>	<b>Date Pro. Auth. Sent</b>
<b>Authorization Number</b>	<b>Comments</b>	
<b>Approval Signature</b>		