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ELECTRONIC SIGNATURE

Print Name: _____

This form is for you to sign so we can scan your signature and email it to you so you can paste it onto your reports and/ or evaluations and then you will be able to email those documents to the appropriate office personnel.

Please include your credentials and license # if applicable.

- Special Education: MS Ed.
- Speech Therapy: SLP, CC-SLP, TSHH
- Clinical Fellow: CF/SLP
- Occupational Therapy: OTR/L
- Physical Therapy: P.T., MS PT
- Psychology: Ph.D., Psy.D.
- Board Certified Behavioral Analyst: BCBA-D, BCBA, BCaBA
- Instructor/Other: _____

Please sign in the center of the box below and include your credentials.

"The use of electronic records, including electronic signatures, is permissible under Federal Electronic Signatures in Global and National Commerce Act and Article 1 of the State Technology Law"