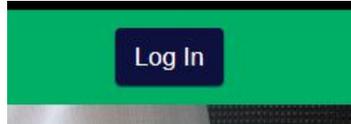
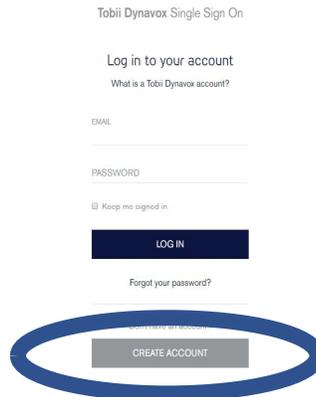


## How to register as a new user

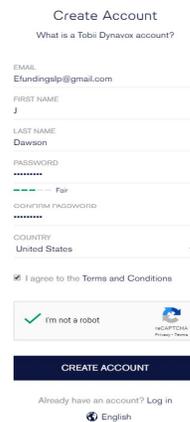
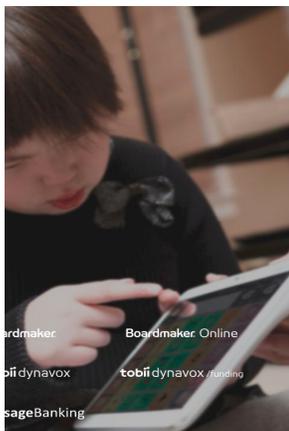
Simply click **LET'S GET STARTED** or Click **Log In**



Then click **Create Account**



**3. Fill in account information; agree to the terms and conditions, and click I am not a robot. Then click *Create Account*.**





You then will be asked to Verify your account:

## Verify your account

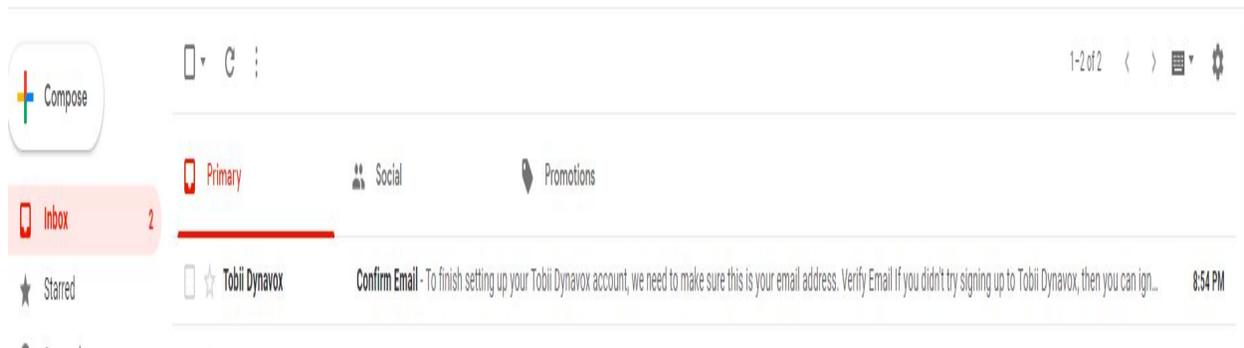
To verify your account, we've sent an email to Efundingslp@gmail.com. Please check your inbox and follow the instructions to finish setting up your account.

[RESEND VERIFICATION EMAIL](#)

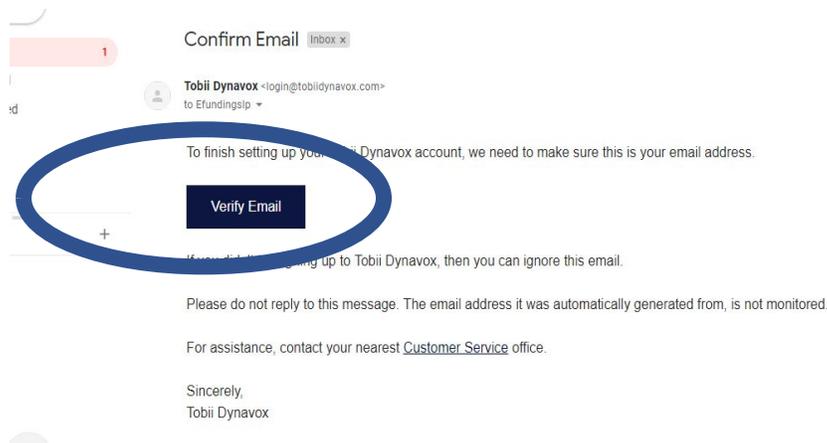
Wrong address? [Use a different email](#)

English

The email you receive will come from Tobii Dynavox simply click Verify Email and it will bring you back to your log in page.



Simply click **Verify Email**.



It will bring you back to the log in.

Account verified

Your account is now active. [Log in](#)

 English

Your username is your email address and sign in with the password you created earlier.

Log in to your account

What is a Tobii Dynavox account?

EMAIL

Efundingslp@gmail.com

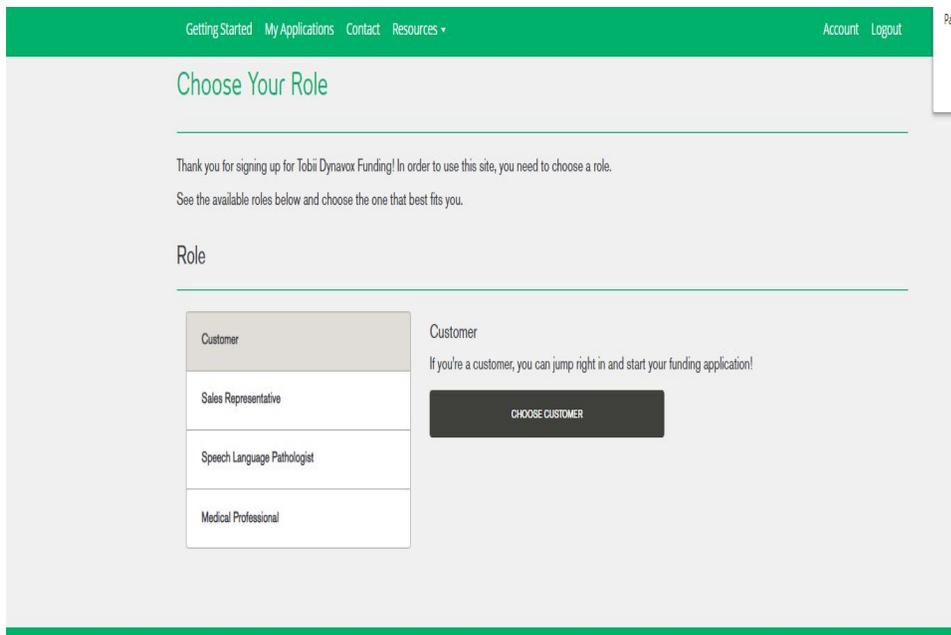
PASSWORD

••••••••

Keep me signed in

LOG IN

You will then need to pick a role.



## Different Types of ROLES

**Customer**= End User, Client Contact, Case Mangers

**Sales Representative**= Tobii Dynavox Solution Consultant

**Speech Language Pathologist**- SLP

**Other Medical Professional** – OT/PTs/ other professionals that are not SLPS

**Click on your Role then click CHOOSE**

## Choose Your Role

Thank you for signing up for Tobii Dynavox Funding! In order to use this site, you need to choose a role.

See the available roles below and choose the one that best fits you.

### Role

Customer
Sales Representative
Speech Language Pathologist
Medical Professional

#### Speech Language Pathologist

As a Speech Language Pathologist (SLP), you might need to fill out evaluations for many d  
We'll give you a chance to fill out your info before you save your choice, and all your evaluat  
automatically import the info you save.

CHOOSE SPEECH LANGUAGE PATHOLOGIST

**If Selecting Speech Language Pathologist role a pop up will appear to add additional information. If added here you do not need to add to allo of your applications that you create.**

### Your SLP Information

#### Your Credentials

ASHA Number

111254

License Number

sp78945

#### Your Contact Info

Phone Number

1111111111

Alternative Phone Number

1111111111

Fax Number

1111111112

Alternative Fax Number

#### Facility Info

Facility Name

SLP

Phone Number

1234567891

Address

2200 Wharton Street

PO Box

City

Pittsburgh

State

PA

ZIP Code

15102

Alternative Contact Name

Alternative Contact Email

|

All fields are optional.

The information you enter here will be used for your application.

You can edit this information later.

SAVE INFO & CHOOSE SPEECH LANGUAGE PATHOLOGIST