

\*\*\*FOR OFFICE USE ONLY\*\*\*

**Speech Prov. Checklist**

- App. & Fee
- Date: \_\_\_\_\_ Check \_\_\_\_\_
- Transcript
- Praxis Score
- Clock Hours
- SSN



\*\*\*FOR OFFICE USE ONLY\*\*\*

Application Approved:

Prov. License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island  
Board of Examiners of  
Speech Language Pathology and Audiology**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
Provisional License As An***

**Speech Language Pathologist**

License # \_\_\_\_\_

Name \_\_\_\_\_

**MILITARY STATUS ELIGIBILITY**

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

*LAST NAME*

*FIRST NAME*

*MI*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

## LICENSURE REQUIREMENTS

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- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$65.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- Official transcript from an accredited ASHA accredited institution, directly to the Board. Transcript must include date of completion, graduation date and degree. No student copies will be accepted.
- Documentation of completed clock hours of supervised, direct clinical experience, sent directly from an ASHA accredited institution to the Board.
- Praxis score sent directly from the Educational Testing Service (ETS - Telephone 1-609-771-7395) to the Board.
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

### Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



# State of Rhode Island

## Board of Speech Language Pathology and Audiology

### Application for a License as a Provisional Speech Language Pathologist or Audiologist

*Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.*

<p><b>1. Name(s)</b></p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Maiden, if applicable</p> <p>Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
<p><b>2. Social Security Number</b></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <p style="font-size: small; margin-top: 10px;"><b>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</b></p>
<p><b>3. Gender</b></p>	<p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>
<p><b>4. Date of Birth</b></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Month      Day      Year</p>
<p><b>5. Home Address</b></p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>
<p><b>6. Business Address</b></p> <p><b>(ONLY if it is RELATED to your license.)</b></p> <p>It is your responsibility to notify the board of all address changes.</p> <p><b><i>This address will appear on the Department of Health web site.</i></b></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Name of Business/Work Location</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Department/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Extension</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>



**11. Affidavit of Applicant**

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my provisional license to practice as a Speech Language Pathologist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners of Speech Language Pathology and Audiology of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)