

FOR OFFICE USE ONLY

Speech Language Pathology Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- Transcript
- ASHA Certification (For Speech)
- Praxis Certification (For Audiology)
- Lic. Verification from other States



FOR OFFICE USE ONLY

Application Approved:
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
License As An***

- Audiologist
- Speech Language Pathologist

By

- Examination** **Endorsement**
(From Another State)

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

- 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. All Speech Language Pathologists licenses expire biennially on June 30th of the even numbered years.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$145.00 for Speech Language Pathologists and \$65.00 for Audiologists** 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.
- Clinical Certificate of Compliance (CCC) sent directly from the American Speech-Language-Hearing Association (ASHA) (**For Speech Language Pathologists Only Does not apply to Audiology**)
- Provide proof of successful completion of a national examination in audiology approved by the Board (**For Audiologists only Does not apply to Speech Language Pathologists**)
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- 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 Requirements for Applicants who hold a RI Speech Pathology Provisional License

- Fee of **\$145.00** for Speech Language Pathologist.
- Certification sent directly from the American Speech-Language-Hearing Association (ASHA).

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.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island

Board of Speech Language Pathology and Audiology

Application for a License as a 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.

1. Name(s)

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.

	<input style="width: 100%;" type="text"/> <small>Title (i.e., Mr., Mrs., Ms., etc.)</small>
	<input style="width: 100%;" type="text"/> <small>First Name</small>
	<input style="width: 100%;" type="text"/> <small>Middle Name</small>
	<input style="width: 100%;" type="text"/> <small>Surname, (Last Name)</small>
	<input style="width: 100%;" type="text"/> <small>Suffix (i.e., Jr., Sr., II, III)</small>
	<input style="width: 100%;" type="text"/> <small>Maiden, if applicable</small>
	<input style="width: 100%;" type="text"/> <small>Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</small>

2. Social Security Number

<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>
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U.S. Social Security Number

"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."

3. Gender

Male Female

4. Date of Birth

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>Month</small>	<small>Day</small>	<small>1</small>	<small>9</small>	<small>Year</small>	<small>Year</small>

5. Home Address

It is your responsibility to notify the board of all address changes.

<input style="width: 100%;" type="text"/> <small>1st Line Address (Apartment/Suite/Room Number, etc.)</small>													
<input style="width: 100%;" type="text"/> <small>Second Line Address (Number and Street)</small>													
<input style="width: 100%;" type="text"/> <small>City</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 80%; text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;"><small>State</small></td> <td></td> <td style="text-align: center;"><small>Zip Code</small></td> </tr> </table>	<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	<small>State</small>		<small>Zip Code</small>						
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<small>State</small>		<small>Zip Code</small>											
<input style="width: 100%;" type="text"/> <small>Country, if NOT U.S.</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 80%; text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;"><small>Postal Code, if NOT U.S.</small></td> <td></td> <td style="text-align: center;"><small>Postal Code, if NOT U.S.</small></td> </tr> </table>	<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	<small>Postal Code, if NOT U.S.</small>		<small>Postal Code, if NOT U.S.</small>						
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<small>Home Phone</small>		<small>Home Fax</small>											
<input style="width: 100%;" type="text"/> <small>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</small>													

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

<input style="width: 100%;" type="text"/> <small>Name of Business/Work Location</small>													
<input style="width: 100%;" type="text"/> <small>1st Line Address (Department/Suite/Room Number, etc.)</small>													
<input style="width: 100%;" type="text"/> <small>Second Line Address (Number and Street)</small>													
<input style="width: 100%;" type="text"/> <small>City</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 80%; text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;"><small>State</small></td> <td></td> <td style="text-align: center;"><small>Zip Code</small></td> </tr> </table>	<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	<small>State</small>		<small>Zip Code</small>						
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<small>Business Phone</small>	<small>Extension</small>	<small>Business Fax</small>											

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address
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8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Type of School (University, College, Technical School, etc.)</td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Name of School</td> </tr> <tr> <td style="padding: 5px;">Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr><tr><td style="font-size: 8px; text-align: center;">Month</td><td style="font-size: 8px; text-align: center;">Year</td></tr></table> </td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Degree Received (Bachelor of Arts, Master of Science, Doctorate, Diploma, etc.)</td> </tr> </table>		Type of School (University, College, Technical School, etc.)		Name of School	Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr><tr><td style="font-size: 8px; text-align: center;">Month</td><td style="font-size: 8px; text-align: center;">Year</td></tr></table>			Month	Year		Degree Received (Bachelor of Arts, Master of Science, Doctorate, Diploma, etc.)
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Month	Year											
Degree Received (Bachelor of Arts, Master of Science, Doctorate, Diploma, etc.)												

9. Other State License(s) Please answer the question and list state(s), if applicable	Have you <u>ever</u> held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is “yes” , enter <u>all other state licenses</u> in Question 10 (below):
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10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession*.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">State/Country: _____</td> <td style="width: 50%; padding: 5px;">State/Country: _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td style="padding: 5px;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td style="padding: 5px;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> <td style="padding: 5px;"><input type="checkbox"/> Active <input type="checkbox"/> Inactive</td> </tr> </table> <p>(*You must also request a License Verification (page 10) from all states that are listed above)</p>	State/Country: _____	State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
State/Country: _____	State/Country: _____												
<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive												
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_____	_____												
<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive												

11. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Abbreviation of State and Conviction ¹ (e.g. CA - Illegal Possession of a Controlled Substance): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width: 10%; text-align: center; font-size: 8px;">Month</td> <td style="width: 10%; text-align: center; font-size: 8px;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>		Month	Year		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>
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12. Disciplinary Questions Check either Yes or No for each question.	1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr style="border-top: 1px dashed black;"/> 2. Have you ever been denied a license, certificate, registration or permit in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If you answer “Yes” to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter, on a separate sheet of paper.	

13. 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 license to practice as a Speech Language Pathologist or Audiologist 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/affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Examiners of Speech Language & Audiology

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Speech Language Pathologist or Audiologist in the State of Rhode Island. The Rhode Island Board of Examiners of Speech Language & Audiology requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

Print/Type Full Name _____	Signature _____	Date _____
Previous Names Used _____	Social Security Number _____	Date of Birth _____
License Number _____	Date Issued _____	

THIS SECTION TO BE COMPLETED BY THE SPEECH LANGUAGE PATHOLOGY & AUDIOLOGY BOARD		
Speech Language Pathology/Audiology Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
<p>Questions:</p> <p>1. Has this licensee ever been investigated by your Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you know of any information that may discredit this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Certification:

Signature _____	Date _____	Please Affix Board Seal Here
Type or Print Name _____		
Title _____		
Full Name of Licensing Board _____		

Please return directly to the Board at the above address. Thank you for your prompt cooperation.