

Application for Licensure

Regular and Conditional, Speech-Language Pathology or Audiology



- | | | | |
|--------------------------|---------------------------------------|-------|------------------|
| <input type="checkbox"/> | Regular Speech-Language Pathology | \$200 | 0903-40 0904-160 |
| <input type="checkbox"/> | Conditional Speech-Language Pathology | \$90 | 0919-40 0907-50 |
| <input type="checkbox"/> | Regular Dual SLP & Audiology | \$200 | 0902-40 0905-160 |
| <input type="checkbox"/> | Regular Audiology | \$200 | 0911-40 0901-160 |
| <input type="checkbox"/> | Conditional Audiology | \$90 | 0920-40 0908-50 |

Rec'd:

Board of Examiners
 For Speech-Language
 Pathology & Audiology
 (971) 673-0220
 (971) 673-0226 fax
 800 NE Oregon St
 Ste 407
 Portland OR 97232
www.bspsa.state.or.us

\$40 of the above fee is a non-refundable application fee; applications must have a payment of at least \$40 to be reviewed.

Personal / Contact Information

Include a check or money order payable to "Oregon Speech Board" for the fee list to the right of the license checked.

Name: _____
First Middle Initial Last

Maiden / Other Names Used: _____ Gender: Male Female

Soc Sec #: _____ Date of Birth: _____

Social Security Number (SSN) reporting is required by IRS per ORS 305.385 (3) relating to failure to pay or file taxes and by the Division of Child Support per ORS 25.785 relating to enforcement of child support obligations. Failure to provide your SSN will be a basis to refuse to issue the license you seek.

Although a number other than your SSN appears on the face of the licenses issued by this Board, your SSN will remain on file with the Licensing Board. This record of your SSN will be used for purposes listed above only, unless you authorize other uses of the number.

Mail to

Work Address

Employer Name: _____

Address: _____

City State Zip Code

Telephone: _____

Home Address

Address: _____

City State Zip Code

Telephone: _____

Email Address: _____ I prefer to receive correspondence (newsletter, etc) via US mail.

About the Ethnicity Info. The 2001 Legislature passed Senate Bill 786 (ORS Chapter 973), a law which is designed to identify populations under-served by health care providers. The law requires regulatory agencies to collect and maintain licensee's racial, ethnic and bilingual information and to report this data to the Legislature.

Ethnicity / Bilingual Information

Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.

Ethnic/Racial Background:

- Asian/Pacific Islander
- Black (not Hispanic) Hispanic
- American Indian/Alaskan Native
- White (not Hispanic)
- Other: _____

Are you bilingual?

- No Spanish French Italian German Dutch
- Scandinavian: _____ Slavic: _____
- Arabic Persian Hindi/Urdu Russian Greek
- Turkish Hebrew Japanese Chinese Korean Thai
- Cambodian Vietnamese Other: _____

If you have certification, please contact ASHA or ABA and have them send verification of your CCCs. If your certification is pending, please send a copy of your supervisor-signed ASHA CFY report that states you are eligible for certification. If you do not have or are not applying for ASHA certification, you will need to submit other proof of 9 months of supervised professional experience.

You will need to have official transcripts sent from your educational institution.

If you do not hold your CCC's or if you did not graduate from an ASHA accredited ESB, you will need to include proof of 275 clinical clock hours.

Satisfying License Requirements

Do you have ASHA (CCCs) or ABA certification? Yes (Date Rec'd): _____
 No Pending

Have you requested that ASHA or ABA send verification of your CCCs? Yes Not yet

Education Institution	Dates	Major	Academic Status

Have you requested / sent original MS transcripts to this office? Yes Not yet

Educational Testing Service / Praxis Exam

Not necessary if you hold your CCC's or have ABA certification

Passing (at least 600) Date _____ Exam Type SLP AUD
 Score reported to the Board? Yes No

Professional Experience

Employer (most recent 1 st)	Position	Dates of Employment

Licensing in Other Jurisdictions

State/Jurisdiction	License ID	Expiration Date

Proposed Employment Setting for Supervised Experience

Only necessary for conditional license applicants.

Conditional license applicants will need to acquire an acceptable employment setting before submitting this application.

Your supervisor must be licensed by this Board.

Supervised Experience Begin Date: _____ End Date: _____

Supervisor Information

Name: _____
Last First MI

Oregon License #: _____

Mailing Address: _____
Street

City State Zip Code

Employer: _____

Employer Address: _____
Street

City State Zip Code

Telephone: _____
Day Evening

Hours to spent per week in Speech-Language Pathology: _____

Hours to spent per week in Audiology: _____

Responsibilities

Write an estimation of hours per week to be spent in each activity below.

Assessment, Diagnostic/Evaluation:		Staff Meetings:	
Inservice Training:		Screening Tests:	
Habilitation / Rehabilitation:		Record Keeping:	
Other (Specify): _____ _____		Total Hours Per Week:	min. 15

I have discussed my plan for supervised employment with my supervisor and agree to its implementation.

_____ Date

Applicant signature

I have discussed the foregoing plan for supervised employment with the above-named applicant and agree to its implementation. I hold an active speech-language pathology license issued by the Oregon Board of Examiners for Speech-Language Pathology & Audiology.

_____ Date

Supervisor signature



ALL APPLICANTS must answer the Criminal / Professional Discipline Affidavit.

Criminal / Professional Discipline Affidavit

- Have you been arrested for any reason? Yes* No
- Have you been charged in court with any violation of the law (other than minor traffic violations)? Yes* No
- Have you been convicted of any violation of the law (other than minor traffic violations)? Yes* No
- Have you ever been notified of a complaint reported to another licensing agency? Yes* No
- Have you ever been the subject of any disciplinary investigation or action by another licensing agency? Yes* No
- Have you ever voluntarily surrendered or resigned a professional license/certificate? Yes* No

* If you answer yes to any of these questions, you must provide an explanation below, moving on a separate sheet if you need to. Failure to provide explanation can result in denial of certification.

Explanation:

Certification

If you have not read ORS 681 and OAR 335, read them now before signing the affidavit that you have.

Once you are licensed, you MAY be responsible for attaining PD (professional development) for the renewal of your license by January 30, 2010. Please consult the below table to discern if you need professional development.

Date of Licensure	PD Needed at renewal
Before 7/31/2008	40 hours
8/1/08 to 7/30/09	20 hours
After 7/31/09	None needed

You do NOT need professional development while you hold a conditional license. See OAR 335-070-0030 for more information on acceptable PD.

Rev. 07/2008.

I have read the provisions of the Oregon Law (ORS 681) and Oregon Administrative Rules (OAR 335). I agree to abide by all the Laws and rules pertaining to my license. I understand that the burden of proof in meeting the requirement for licensure is upon myself and not the Board. I agree to be responsible for the collection and accuracy of required materials.

Affidavit of Applicant

State of _____
 County of _____

I, _____, depose and say that all of the above statements are true and correct; that I am the person described and identified above and on all attached documents.

 Signature of Applicant

 Date