

0917 Application \$40.00  
0914 Certificate \$50.00



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](http://www.bspsa.state.or.us)

# Application for Speech Language Pathology Assistant Certification

## Instructions

Include a check or money order payable to "Oregon Speech Board" for \$90 with this form.

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.

Check the box to the left of the address you would like to receive mail at. This address will be printed on your license (this does not effect the validity of the license).

About the Ethnicity Info.  
The 2001 Legislature passed Senate Bill 786 (ORS Chapter 973), a law which is designed to identify populations underserved 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.

## Personal / Contact Information

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.

### 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.

## 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: \_\_\_\_\_

### Satisfying certification requirements

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

Note: You will need to submit the Clinical Competencies Checklist form if you did not complete your 100 clock hours through a college practicum.

My transcripts including written evidence of clinical experience are attached.

(A) Your transcripts will need to show:  
 30 semester/45 quarter hours of general education credit  
 AND  
 30 semester/45 quarter hours of technical course work.

(B1) College practicum showing 100 clock hours of clinical interaction.

**OR**

(B2) A completed Clinical Contact Competencies Checklist form.

Education Institution	Dates	Major	Academic Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Satisfying Supervision Requirements

Your current supervisor must be actively licensed by this Board as a Speech-Language Pathologist. You can look up their license to verify they are licensed at: <http://bspa.oregonlookups.com>

**IMPORTANT:**  
 If you have multiple supervisors, make a copy of this page for each, have them complete it and attach all of the supervisor sheets to this application.

If you are not currently working as an SLPA, write "NOT EMPLOYED" across this section. When you begin work as an assistant, be sure to send the Report of Supervisor form.

**Supervisor Information**

Name: \_\_\_\_\_  
Last                      First                      MI

Oregon SLP License/Permit #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
City                      State                      Zip Code

Telephone: \_\_\_\_\_  
Day                      Evening

**Supervision Affidavit**  
 The above named supervisor must read and initial the following statements, certifying that they will abide by them.

Requirement for Supervision	Sup. Initials
1 For the first 90 days of licensed employment, a minimum of 30% of all the time an assistant is on the job must be supervised. A minimum of 20% of hours spent in clinical interaction must be directly supervised.	
2 Subsequent to the first 90 days of licensed employment, a minimum of 20% of all the time an assistant is on the job must be supervised. A minimum of 10% of hours spent in clinical interaction must be directly supervised	
3 The supervising speech-language pathologist must be able to be reached throughout the work day. A temporary supervisor may be designated as necessary.	
4 If the supervising SLP is on extended leave, an interim supervising SLP who meets the requirements stated in 335-095-0040 must be assigned.	

**Satisfying Supervision Requirements Continued**

5	The caseload of the supervising clinician must allow for administration, including assistant supervision, evaluation of students and meeting times. (All students assigned to an assistant are considered part of the caseload of the supervising clinician.)	
6	The supervising speech-language pathologist may not supervise more than the equivalent of two full-time speech-language pathology assistants.	
7	The supervising SLP must co-sign each page of records.	
8	Supervision of speech-language pathology assistants must be documented. (a) Documentation must include the following elements: date, activity, time spent, and direct or indirect supervision level and must be retained by the SLPA for four (4) years. (c) Documentation must be available for audit requests from the Board.	

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

### **Certification**

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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