

Renewal / Upgrade

Conditional Speech-Language Pathology or Audiology License

If you do not return this form before your conditional license expires, you will need to pay a late fee of \$200.00 in addition to the renewal / regular license fee. Please fill in all questions and submit with the appropriate fee by your conditional license expiration date.



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.bspa.state.or.us

Name: _____ License #: _____

Home address: _____

City _____ State _____ Zip _____

Home Phone: _____ Email: _____

Work Address: _____

City _____ State _____ Zip _____

Work Phone: _____

Please note we need both your home and work addresses.

Section A: I would like to upgrade to a regular license.

A-1 9-Month Supervised Experience

I began my supervised experience on: _____

I completed my supervised experience on: _____

I have 1,080 or more hours of supervised experience. Yes No

For Supervisor's Completion

I certify that I have supervised at least 1,080 hours of experience for this conditional licensee at 15 hours or more per week. I also certify that the post-educational professional employment was completed satisfactorily.

If you are only renewing your conditional license, you can skip to section B.

If you have applied for and received your CCC from ASHA, request verification of the certificate from ASHA to this board in lieu of filling out A-1.

After filling out this section, please turn over the page and fill out section C.

Supervisor Signature Oregon Lic. # Date

A-2 Praxis Exam

Have you passed the praxis exam for SLP or Audiology with a score of at least 600? Yes No

Include a copy of the score report from NTE.

A-3 Official Transcripts Showing Master's Degree

If you have not done so, please request official transcripts showing the conferral of your Master's Degree.

A-4 Fee

Enclose a check /MO for the licensing fee of \$275.

Section B: I would like to renew my conditional license.

B-1 Supervisor

Name: _____ OR License #: _____

Phone: _____ Sup Signature: _____

B-2 Date of CFY Completion: _____

If you are still in your CFY, estimate the date of completion.

B-3 Fee

Enclose a check or MO for the \$125 conditional license fee.

Section C: Required for all

C-1 Criminal / Licensing History This must be completed in its entirety.

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 the subject of any disciplinary investigation or action by another state licensing agency? Yes* No

Have you ever voluntarily surrendered or resigned a professional license/certificate in another state? Yes* No

* If you answer yes to any of these questions, you must provide an explanation on a separate sheet. Failure to provide explanation can result in denial of renewal / licensure.

C-2 Certification This must be completed in its entirety.

I do hereby swear and affirm that all statements made by me in this application are true, complete and correct to the best of my knowledge. I agree to abide by all the laws and rules pertaining to my license.

Signature

Date