

Renewal / Upgrade

Conditional Speech-Language Pathology or Audiology License

This form is to renew your conditional license or to upgrade to a regular license from a conditional license if you have completed your CFY. If you would like to apply for a conditional license for the first time, fill out the initial conditional application, found here: http://www.oregon.gov/BSPA/pdfs/Conditional_SLP_AUD_License_Application.pdf



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: _____
Last First MI

Home Address:

City State Zip

Home Phone: _____

Work Address:

City State Zip

Work Phone: _____ Email: _____

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 the required number of hours of supervised experience. Yes No

For Supervisor's Completion

I certify that I have supervised the required number of 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.

Supervisor Signature Oregon Lic. # Date

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.

A-2 Praxis Exam

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

Date of the exam: _____

If you have not already sent us a one, 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 \$160.

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 \$50 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, we will contact you for more information.

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