

Application for Speech-Language Pathology Assistant Certificate

Fill out and submit this form if you are applying for the first time in Oregon for a Speech-Language Pathology Assistant (SLPA) certificate.



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

To issue your certificate, we need to have:

1. This form (originals, no faxes or copies, please) completed in its entirety.
2. A check or money order payable to "Oregon Speech Board" for at least the \$200 application fee. If you wish to expedite obtaining your certificate, you can include the \$150 certificate fee (for a total of \$350) with your application. Otherwise, we will notify you when your application has been approved, and we will issue your certificate after we receive the \$150 certificate fee.
3. Official transcripts sent to us from your school(s) showing 45 quarter (30 semester) hours of general and 45 quarter (30 semester) hours of technical (SLP) credit.
4. If your transcripts do not show a practicum with the required clock hours, you'll need to submit the clinical competencies checklist form completed by your supervisor.
5. Evidence of professional development within the last 24 months. See Supplement 1.

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 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 ****Please note: Both work and home addresses are required.****

Work Address

Employer Name: _____

Address: _____

City State Zip Code

Telephone: _____

Home Address

Address: _____

City State Zip Code

Telephone: _____

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 affect the validity of the license).

Email Address: _____

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.

About 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 licensees' racial, ethnic and bilingual information and to report this data to the Legislature.

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 License Requirements

Education

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

I received my 90 quarter (60 semester) hours from:

Institution	Technical/General	Dates Attended	Credits	Requested Transcripts
				<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet
				<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet
				<input type="checkbox"/> Yes <input type="checkbox"/> Not Yet

Your SLP supervisor must hold an active license or Permit to Supervise from this Board. You can verify they are licensed at: <http://bspa.oregonlookups.com>

Supervisor Information

Name: _____
Last First MI

Oregon SLP License/Permit #: _____

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.

Supervision Affidavit

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

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 Change of Supervisor form within 30 days.

Requirement for Supervision	Sup. Initials
1 For the first 90 calendar days of licensed employment, with a given employer, a minimum of 30% of all the time an assistant is providing clinical interaction must be supervised. A minimum of 20% of hours spent in clinical interaction must be <i>directly</i> supervised.	
2 Subsequent to the <i>first</i> 90 calendar days of licensed employment with a given employer, a minimum of 20% of all the time an assistant is providing clinical interaction must be supervised. A minimum of 10% of hours spent in clinical interaction must be <i>directly</i> 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.	
5 The caseload of the supervising speech-language pathologist must allow for administration, including speech-language pathology assistant supervision, evaluation of clients and meeting times. Speech-language pathology assistants may not have a caseload; therefore, all clients are considered part of the supervising speech-language pathologist's caseload. The supervising speech-language pathologist is responsible to make all diagnostic and treatment related decisions for all clients on the caseload.	
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. Each entry should be initialed by the supervising speech-language pathologist. Each page of documentation should include the supervising speech-language pathologist's signature and license number issued by this Board. Supervision documentation must be retained by the speech-language pathology assistant for four (4) years. (b) 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 attach a personal statement explaining the circumstances and copies of any relevant court orders or disciplinary actions.

Please read [ORS 681](#) and [OAR 335](#) if you have not yet read them.

The BSPA Statutes and Administrative Rules can be accessed at:

<http://www.leg.state.or.us/ors/681.html>

And

http://arcweb.sos.state.or.us/rules/OARs_300/OAR_335/335_tofc.html

Certification

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

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

You need to provide professional development. Please go to the the next page.

Supplement 1—Professional Development Hours

PD Rule Number

The activities reported must qualify under one of these subsections of OAR 335-070-0030. List the number that they qualify under and include the acceptable evidence of attendance / completion denoted in the right column.

#	Professional Development Rule	Documentation Required
(1)	Attendance or participation in educational programs where continuing education credit is approved by the American Speech-Language Hearing Association (ASHA) or the American Academy of Audiology (AAA).	A certificate of attendance that clearly shows the attendee's name, the number of hours, the name of the activity and that the activity is approved the American Speech-Language Hearing Association (ASHA) or by the American Academy of Audiology (AAA).
(2)	Attendance or participation in educational programs where continuing education credit is given by the Oregon Speech-Language and Hearing Association (OSHA) and other state chapters of the American Speech-Language Hearing Association (ASHA); the Oregon Academy of Audiology (OAA) and other state chapters of the American Academy of Audiology.	A certificate of attendance that clearly shows the attendee's name, the number of hours, the name of the activity and that the activity is approved the state chapter of American Speech-Language Hearing Association (ASHA) or by state chapter of the American Academy of Audiology (AAA). When attending a conference, retain a record of the individual workshops you attended for reporting during an audit.
(3)	Continuing education units (CEUs) earned through ASHA.	ASHA CEU transcript.
(4)	Attendance at educational programs where continuing education credit is given and approved by the Health Licensing Agency Hearing Aid Specialist Licensing Program.	A certificate of attendance that clearly shows the attendee's name, the number of hours, the name of the program, and that the program is credited by the Health Licensing Office Hearing Aid Dealers Program.
(5)	Academic course work taken for credit with a minimum grade of "C", from an educational institution accredited by an appropriate state or regional body or approved by the Board. The courses must relate to the clinical practice of speech-language pathology or audiology. One academic semester hour shall be equivalent to fifteen (15) clock hours for professional development credit. One academic quarter hour shall be equivalent to ten (10) clock hours for professional development credit.	Transcripts from university attended, showing the number of hours of instruction and whether those hours are semester or quarter hours, the beginning and end date of the course(s), and grade of "C" or higher for each course. Unofficial transcripts are fine as long as they do not appear to be tampered.
(6)	Self-assessment home study courses accompanied by examination and sponsored by a Board-recognized professional organization in audiology or speech-language pathology.	A photocopy of the completed examination that accompanies the course, OR notification from the organization that shows credit given for the course. Either should include the name of the course, the name of the organization, and how many hours the course required.
(7)	Speech-language pathology or audiology programs (in-services, seminars, workshops) offered by public school districts, education service districts, and hospitals for employees. Programs must directly relate to the performance and practice of speech-language pathology or audiology for the purpose of developing and updating professional skills.	A certificate of attendance that shows the attendee's name, number of hours, subject, and school, hospital, or clinic's name.
(8)	CPR classes for a maximum of two (2) hours credit during the two-year licensing period.	A photocopy of the Cardiopulmonary Resuscitation (CPR) card issued.
(9)	A universal health precautions class for a maximum of one (1) hour credit during the two-year licensing period.	A certificate of attendance that shows the attendee's name, the subject of the training, a signature from a third party verifying completion and the printed name of the issuing agency.

Supplement 2— Verification of Licensure and Good Standing



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It is the applicant's responsibility to contact all jurisdictions in which they have held or are holding licensure and request the delivery of an original verification of their licensure from that jurisdiction to this Board. Copy and send this form to each jurisdiction; or you may just have the jurisdiction send their own verification.

Section A – For Applicant to Complete

Please complete this section and forward to the jurisdiction of licensure for them to complete and return to us.

Name: _____ ID Number for below Jurisdiction: _____

I, _____, authorize the release of information from the jurisdiction below to the Oregon Board of Examiners for Speech-Language Pathology & Audiology to determine my fitness for a license there.

Signature

Date

Section B – For Licensing Entity to Complete

The licensee below has applied for a license in Oregon and indicates that they were licensed in your jurisdiction. Please fill this form out, sign, date and affix your seal to it, returning to us at:

Verifications
Oregon Speech Board
800 NE Oregon St Ste 407
Portland OR 97232

Licensee Name: _____

State Seal
Here

License #: _____

Initial Date: _____

Expiration Date: _____

Any Legal or Disciplinary action on this license? Yes* No

* Please provide the documentation for the discipline.

Verified by: _____ **Date:** _____

Title: _____

Jurisdiction: _____