

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.

Satisfying License Requirements

Certificate of Clinical Competence

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

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

Education

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

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.

Have you requested / sent original MS transcripts to this office?

Yes Not yet

It is only necessary to submit evidence of passing the SLP/AUD praxis if you do not currently hold CCCs.

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We need to have verification of license for each license that you have held / are holding in another jurisdiction. Print out the verification request on the last page (Supplement 2) of this application and send it out to each jurisdiction.

Licensing in Other Jurisdictions

State/Jurisdiction	License ID	Expiration	Verification Requested?
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet



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.

Pleas read ORS 681 and OAR 335 if you have not yet read them.

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



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

It is the applicant's responsibility to contact all jurisdictions that they have held or are holding licensure in and facilitate the delivery of an original verification of their licensure from that Jurisdiction to this Board.

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 the below Juris: _____

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: _____

License #: _____

State Seal
Here

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: _____