

Application for Conditional SLP or Audiology Licensure

Fill out and submit this form if you have just graduated from your Master's degree program and need conditional licensure to do your clinical fellowship year. Do not fill out this form if you are renewing or upgrading your conditional license, complete the [renewal/upgrade form](#).



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.bsapa.state.or.us

To issue your license, 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 the \$75 application fee and \$50 for the conditional license. The fee for the background check is \$44.50. You may send one check for the \$169.50 application/license fees.
3. Official transcripts sent to us from your graduate program showing conferral of your master's degree.
5. Details of your fingerprint submission through FieldPrint, Inc.(see supplement 2).
6. Official verification of any license or professional certificate that you have ever held in any jurisdiction. This form must be received from the jurisdiction that issued the license or certificate. (See Supplement 3)

Personal / Contact Information

Name: _____

First

Middle

Last

Other Names Used: (Maiden, etc.) : _____

Gender: _____ Date of Birth: _____ SSN: _____

Male

Female

Email: _____

Social Security Number (SSN) is required per [Oregon Statute](#).

Home Address - Required

Your email address will be used for Board correspondence and not shared with others.

Street1: _____

Street2: _____

City

State

Zip Code

Home Phone Number

Cell Phone Number

Check the box indicating which address you like to use for Board correspondence. This address will be printed on your license.

Current Work Address - Title: _____ (Or mark "not employed")

Employer: _____

Board rules require licensees to update contact information within 30 days of the change.

Address: _____

City

State

Zip Code

Work Phone Number

Oregon Employment Offer (if any) Expected Start Date: _____

Employer: _____

Note: If you have a job offer in Oregon pending licensure, provide that address and planned start date. Remember you MAY NOT start employment before receiving your license.

Address: _____

City

State

Zip Code

Ethnicity / Language Proficiency

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

American Indian/Alaskan Native Other: _____

Black (not Hispanic)

White (not Hispanic)

Hispanic

Hawaiian/Pacific Islander

Language Proficiency:

Are you bilingual? Yes No

Languages: _____

Proposed Employment Setting for Supervised Experience

Note: Even if you have a job offer in Oregon pending licensure you MAY NOT start employment before receiving your license.

A person with a Conditional License must be supervised and may not practice independently during your post-graduate supervised clinical experience,

After completing your post-graduate supervised clinical experience you must remain under supervision until receiving a regular SLP license, even if you have already received your CCCs.

You may have more than one part-time job during your CF, however you must be supervised in all settings. Submit this page for each setting/ supervisor.

The post-graduate supervised clinical experience must be more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.

Supervised Experience Begin Date: _____ End Date: _____

Supervisor Information

Name: _____
Last First MI

Oregon License # or TSPC & ASHA #s: _____

Mailing Address: _____
Street

City State Zip Code

Employer: _____

Employer Address: _____
Street

City State Zip Code

Telephone: _____
Day Evening

Hours spent per week in Speech-Language Pathology: _____

Hours spent per week in Audiology: _____

Responsibilities

Both the applicant and the supervisor must initial each box to show that the proposed post-graduate supervised clinical experience meets the requirements set by the Board in OAR335-060-0006(2).

Requirements	Applicant	Supervisor
Supervised by an SLP who holds Board License or TSPC License & ASHA CCCs		
A minimum of 35 hours per week for 36 weeks of practice, or its equivalent, for a total of not less than 1,260 hours		
A minimum of 80% of the hours spent in direct client/patient contact (assessment/ diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling), with the remainder in related record keeping and administrative duties.		

I have discussed my plan for supervised employment with my supervisor and agree to its implementation.

Applicant signature Date

I have discussed the foregoing plan for supervised employment with the above-named applicant and agree to its implementation. I hold an active speech-language pathology license issued by the Oregon Board of Examiners for Speech-Language Pathology & Audiology or ASHA CCCs.

Supervisor signature Date

Make sure to request your Master's Degree Transcripts from your school. If you have a sealed copy of the transcripts, you can send that along with your application.

Education

Institution	Dates	Major	Academic Status

Was your graduate program conducted in English? Yes No

Professional Experience

If employed by a staffing agency, list the agency as your employer, but list the city/state of your job location(s).

Employer (most recent 1 st)	Position	City, State	Dates of Employment

Contact the licensing agency that granted you the listed license and request they send us a letter of good standing.

Other Professional Licenses Held

You must declare any other professional licenses you have ever held (including teaching certificates) and request a letter of good standing from the licensing agency. Attach additional pieces of paper if necessary.

Type of License	State	Agency Name	Period Held

* If you answer yes to any of the questions, please include a copy of the related court proceedings, police reports and/or Board order for each conviction and/or disciplinary action. You must also attach a written narrative (your own personal statement) describing the surrounding facts and circumstances.

Criminal / Professional Discipline Affidavit

- Have you ever been arrested for any reason? Yes* No
- Have you ever been charged in court with any violation of the law (other than minor traffic violations)? Yes* No
- Have you ever been convicted of any violation of the law (other than minor traffic violations)? Yes* No
- Have you ever been subject 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

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

Supplement 2— Fingerprint Background Check

Per ORS Chapter 181 & OAR335 the Board requires applicants to undergo a state criminal history check and a national criminal history check, using fingerprint identification. The passing of a criminal background check does not guarantee the granting of a license. The Board contracts with Fieldprint, Inc. to collect and transmit electronically transmitted fingerprints.

A \$44.50 fee for the background check must be included along with your application fee. The applicant is responsible for any and all charges through Fieldprint.



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Section A - Instructions:

To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit www.FieldprintOregon.com
2. Click on the “Schedule an Appointment” button.
3. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue”.
4. Enter the Fieldprint Code: FPBSPALicenseDAS

Enter the following BSPA Codes: ORI #: OR026SLPA (used for all checks)
OCA#: SLPA (used for all checks)

5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact the Board office or the Fieldprint customer service team at 877-614-4364 or customerservice@fieldprint.com.

Section B – Information to submit with your application

Applicant Name: _____

Fieldprint Location: _____

Date Prints Taken: _____
(Please allow one week for processing before inquiring on the results of the background check)

Supplement 3— Verification of Licensure in Good Standing



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Each applicant must request a verification of licensure in good standing from each jurisdiction (state licensing board or teacher/educator certification agency) for each professional license or certification you have ever been issued. You may use this form, or a form the other board/agency provides, as long as the same information is provided to this Board.

Note: Many boards/agencies charge the applicant for this service. The applicant is responsible for paying such fees and for facilitating the request. The Oregon Board cannot issue a license until this information is received directly from each board/agency.

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: _____

License # for the 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 an Oregon license.

Signature

Date

Section B – For Licensing Entity to Complete

The licensee below has applied for a license in Oregon and indicates that have been 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

Jurisdiction (State/Agency): _____

Licensee Name: _____

License #: _____

State Seal
Here

Initial Date: _____

Expiration Date: _____

Any Legal or Disciplinary action on this license? Yes* No
* If yes, please provide documentation.

Verified by Name (print): _____ **Date:** _____

Signature: _____ **Title:** _____