

# Application for Provisional Speech-Language Pathology Assistant (SLPA) Certificate

Fill out and submit this form to apply for a Provisional Speech-Language Pathology Assistant (SLPA) certificate, which is a temporary license needed while completing SLPA clinical fieldwork requirements outside of an approved practicum course. See OAR 335-095-0030.

## To issue your Provisional SLPA 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 \$75 is due now for application review. The license fee is \$30 for your certificate that will expire 180 days after its issuance. The fee for the background check is \$44.50. We suggest that you submit one \$149.50 check now to avoid any delay in receiving your certificate.
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. Clinical Fieldwork Contract (see page 3)—Signed by you and the SLP(s) who will supervise your clinical fieldwork.
5. Details of your fingerprint submission through FieldPrint, Inc.(see supplement 2).
6. Official verifications of any licenses held in other jurisdictions. (See Supplement 3)

**Included are forms that must be completed by you and your supervising SLP during your clinical fieldwork (Clinical Fieldwork Log and SLPA Clinical Competency Checklist). Use these to document your clinical fieldwork, and submit them with your application to upgrade to a regular SLPA license AFTER you finish your fieldwork.**



Board of Examiners  
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Pathology & Audiology  
(971) 673-0220  
(971) 673-0226 fax  
800 NE Oregon St  
Ste 407  
Portland OR 97232  
[www.bspa.state.or.us](http://www.bspa.state.or.us)

## Personal / Contact Information

Name: \_\_\_\_\_

First

Middle

Last

Other Names Used: (Maiden, etc.) : \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Male

Female

Email: \_\_\_\_\_

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

Home Address - Required

Street1: \_\_\_\_\_

Street2: \_\_\_\_\_

City

State

Zip Code

Home Phone Number

Cell Phone Number

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

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

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Work Phone Number

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

Fieldwork Position—Title: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Work Phone Number

*Note: You must secure a fieldwork commitment from an employer BEFORE applying for your conditional SLPA license. You MAY NOT perform SLPA duties before receiving your license.*

# Satisfying License Requirements

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

## Education

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

Institution	Technical/General?	Dates Attended	# of 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 SLP license from this Board, or be appropriately licensed by TSPC and hold their ASHA CCCs. See the [Licensee Directory](#) on our website.

Was your academic work conducted in English? Yes  No

## Supervisor Information (who will be supervising you?)

Name: \_\_\_\_\_  
First MI Last

Oregon Board License #: \_\_\_\_\_

Or TSPC License #: \_\_\_\_\_ and ASHA CCCs #: \_\_\_\_\_

If you have more than one supervisor, please list below, and copy and complete a Clinical Fieldwork Contract (see next page) with each one.

Any changes in supervision must be reported to the Board within 30 days of the change, and a new form must be signed and submitted for each.

Name: \_\_\_\_\_  
First MI Last

Oregon Board License #: \_\_\_\_\_

## Work Experience—For the past 5 years, attaching sheets if needed

Employer (most recent 1 <sup>st</sup> )	Position	City, State	Dates of Employment

## Ethnicity / Bilingual Information

The Oregon Legislature requires us to provide statistics on licensees' ethnicity and languages. However, 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
- Black (not Hispanic)
- Hispanic
- American Indian/Alaskan Native
- White (not Hispanic)
- Hawaiian/Pacific Islander
- Other: \_\_\_\_\_

### Language Proficiency:

- Are you bilingual?  Yes  No
- Spanish  French  Italian  German  Dutch
  - Scandinavian: \_\_\_\_\_  Slavic: \_\_\_\_\_
  - Arabic  Persian  Hindi/Urdu  Russian  Greek
  - Turkish  Hebrew  Japanese  Chinese  Korean  Thai
  - Cambodian  Vietnamese  Other: \_\_\_\_\_

<h2 style="margin: 0;">Clinical Fieldwork Contract</h2> <p style="margin: 0;">Read and initial each statement, certifying you will abide by it. Keep copies for your reference.</p> <p style="margin: 0;"><b>Supervisor:</b> _____  <small>(Print Name)</small></p> <p style="margin: 0;"><b>Fieldwork Participant:</b> _____  <small>(Print Name)</small></p> <p style="margin: 0;"><b>Site:</b> _____</p> <p style="margin: 0;"><b>Expected Start Date:</b> _____ <b>Hours/Week:</b> _____ <b>End Date:</b> _____</p>	Supervisor's Initials	Participant's Initials
<p>1 The supervisor agrees to provide direct supervision (defined as on-site, within sight and/or sound, or live videoconference observation and guidance) for a minimum of 100 hours of clinical interaction by the fieldwork participant. These hours will be documented on the Clinical Fieldwork Log by the fieldwork participant and verified by the supervisor.</p>		
<p>2 The supervisor agrees to provide assessment, consultation and coaching on SLPA skills for at least 2 hours for every 25 hours of clinical interaction completed by the fieldwork participant. These hours will be documented on the Clinical Fieldwork Log by the fieldwork participant and verified by the supervisor. The supervisor agrees to rate the participant 4 times on the SLPA Competency Checklist, during and at the completion of the fieldwork, and ratings will be discussed and initialed by the supervisor and participant.</p>		
<p>3 The supervisor and fieldwork participant agree that the required 100 hours of clinical interaction must involve the fieldwork participant actively participating in or leading individual, small group or classroom therapy sessions. We will not count passive observation, clerical tasks, materials preparation, or assessment/meeting time as clinical interaction hours.</p>		
<p>4 If the supervisor is unable to continue supervising the fieldwork participant, the supervisor will notify the participant as soon as possible, and attempt to identify a qualified replacement. However, it is the fieldwork participant's responsibility to obtain adequate supervision, and not to work without supervision. The participant must report any supervisor's replacement for more than one week to the Board, and complete and submit a Clinical Fieldwork Contract with that new supervisor.</p>		
<p>5 The supervisor and fieldwork participant understand that the SLPA fieldwork participant is a trainee who must be supervised at all times during clinical interaction. We agree to refer to the fieldwork participant as a Provisional SLPA. We agree that the participant will not be employed in an SLPA position, but will be employed and paid as non-licensed staff (such as an Educational Assistant), or be paid only a reasonable educational stipend, or be uncompensated.            Title: _____ Pay Basis: _____</p>		
<p>6 The supervisor attests that he/she will not be supervising more than the equivalent of 2 full-time SLPAs (including the fieldwork participant) during the fieldwork placement.</p>		
<p>7 The supervisor accepts responsibility for all diagnostic and treatment related decisions for all clients on his/her caseload, and agrees to only delegate and train the fieldwork participant in duties that are within the SLPA scope of practice as outlined in OAR 335-095-0060.</p>		
<p>8 The supervisor and fieldwork participant understand that after completing the required fieldwork hours a Provisional SLPA Certificate holder may not practice without 100% supervision until he/she receives a regular SLPA Certificate.</p>		
<p>9 The supervisor and fieldwork participant attest that the supervisor is qualified by virtue of holding an Oregon Board license or holding a TSPC license with an endorsement in communications disorders/ speech impaired AND holding the ASHA Certificate of Clinical Competency.</p>		
<p>10 The supervisor and fieldwork participant attest that the participant will not perform SLPA duties or begin clinical fieldwork until the Provisional SLPA Certificate is in effect.</p>		
<p>Supervisor's Signature: _____            Fieldwork Participant's Signature: _____</p>		

# Criminal / Adverse Professional History

Answer all questions below with yes or no. Failure to answer truthfully may result in denial of your application and/or disciplinary action by the Board.

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 the 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

*\* 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.*

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## Certification and Affidavit

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 requirements for licensure is upon myself and not the Board. I agree to be responsible for the collection and accuracy of required materials.

*You are expected to read and comply with Oregon Revised Statute (ORS) 681 and Oregon Administrative Rules (OAR) 335.*

*The ORS and OARs can be found from our Rules/ Statutes page on our website:  
<http://www.oregon.gov/bspa/Pages/rules.aspx>*

### 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](http://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](mailto: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 your 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

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## Section B – For Licensing Entity to Complete

The licensee below has applied for a license in Oregon and indicates that they 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 #:** \_\_\_\_\_

**Initial Date:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

State Seal  
Here

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

**Verified by Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

# Supplement 4 Speech-Language Pathology Assistant (SLPA) Clinical Competency Checklist



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The clinical fieldwork supervisor must complete the ratings below for each rating period—that is, after each 25 hours of clinical interaction time. Your initials indicate that you met and discussed these ratings.

Fieldwork Participant Name: \_\_\_\_\_

Area of Examination	Rating #1 Date:	Rating #2 Date:	Rating #3 Date:	Rating #4 Date:
Knowledge of universal health and safety precautions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Basic Knowledge of workplace policies. Choose work setting below.				
<input type="checkbox"/> Public Schools / Early Childhood Programs Special Education Procedural Safeguards	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
<input type="checkbox"/> Private Practice / Clinic Settings Ethical standards, policies and procedure	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
<input type="checkbox"/> Hospital Setting Ethical standards, policies and procedure	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Ability to follow a therapy plan over time.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Completes individual therapy sessions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Completes group sessions with behavior management.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Collects data on therapy sessions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Demonstrates understanding and ability to address client confidentiality issues.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Participant Initials	1st Qtr:	2nd Qtr:	3rd Qtr:	4th Qtr:
Supervisor Initials	1st Qtr:	2nd Qtr:	3rd Qtr:	4th Qtr:

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Oregon License # or ASHA Certification # \_\_\_\_\_

Supervisor Name (Print) \_\_\_\_\_

Site (Print) \_\_\_\_\_

# Supplement 5 SLPA Clinical Fieldwork Log



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Each fieldwork participant must complete at least 100 hours of clinical interaction, defined as actively participating in or leading individual, small group, or classroom therapy sessions. Clinical interaction must be directly supervised 100% of the time.

**Also**, each fieldwork participant must meet for a minimum of 2 hours with their supervisor for every 25 hours of clinical interaction, for a total of 8 hours. Meetings are for assessment, consultation and coaching regarding SLPA skills. Hours must be logged as in the examples below; assessments must be documented on the SLPA Clinical Competency Checklist form.



Clinical interaction means:  
active participating in or leading  
individual, small group or classroom  
therapy sessions.



Clinical interaction does NOT mean:  
passive observations, clerical tasks,  
materials preparation or meetings  
with your supervisor.

Date	Activity	Length of Time (Hrs)	Supervisor's Initials
3/31/14	<i>Small group session—articulation</i>	1.0	gjk
4/14/14	<i>Consultation with supervisor and first 25-hour assessment</i>	1.0	gjk
<b>Total Hours Logged on this Page:</b>			

\_\_\_\_\_  
Fieldwork Participant's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (Print)

\_\_\_\_\_  
Clinical Fieldwork Site

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Oregon License # or ASHA Certification #