

Renewal / Upgrade

Conditional Speech-Language Pathology License

Use this form to renew your conditional license (if you have *not* completed your Clinical Fellowship) OR to upgrade to a regular license from a conditional license if you have completed your CF. You may *not* practice independently in Oregon before receiving your regular SLP license, even if you already have received your ASHA CCCs.

Email speechaud.board@bspa.oregon.gov to set up your upgrade invoice in the Licensee Portal. Conditional License Renewal / Upgrade applications received less than 30 days prior to the expiration of the conditional license must include a \$150 delinquent fee. All payments are now made online through the "Licensee Portal".

If you are entering your Clinical Fellowship in Oregon, you need to receive a conditional license *before* you begin work as a CF. The application for an initial conditional license in the "Applicant Portal."



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, and a current email address that you check regularly for Board correspondence.

Note: If you have a job offer in Oregon pending full licensure, provide that address and planned start date. Remember you **MAY NOT** start employment before receiving your license. Conditional SLPs may not practice independently apart from their CFY site and supervisor.

Section A: I would like to upgrade to a regular license.

A-1 Post-graduate Supervised Clinical Experience

Start date: _____ End date: _____

List all locations worked during clinical experience (attach additional pages if necessary): _____

For Supervisor's Completion

I certify that I have supervised 1,260 hours or more for this conditional licensee, and that the post-graduate clinical experience was completed satisfactorily. A minimum of 80% of these hours were spent in direct client/patient contact (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling).

Supervisor Signature Oregon License # Date

Print Name

A-2 Praxis Exam

Have you passed the Praxis exam in Speech-Language Pathology with a score of at least 162? Yes No Date of exam: _____

A-3 Fee

Submit payment online through the "Licensee Portal." It is \$250 for a license that expires on January 30, 2024.

If you are requesting to renew your conditional license for another year, please skip to section B.

If you have multiple supervisors, have each sign and list the amount of hours supervised towards the total.

You must select our Board as a recipient of your PRAXIS exam so we can access your official scores from the ETS website.

After filling out this section, please turn over the page and fill out section C.

Section B: I would like to renew my conditional license.

Your conditional license may be renewed *once* for another year, and only while you complete your post-graduate clinical experience and/or pass the Praxis. List every site and supervisor that you have worked with the C-SLP (attach additional pages if necessary).

B-1 Clinical Fellowship Supervisor

Name: _____ OR License #: _____

Location: _____ Employer: _____

Phone: _____ Sup Signature: _____

B-2 Number of CFY hours completed so far: _____

Expected Date of Clinical Fellowship Completion: _____

B-3 Personal Statement: Please briefly explain the reason for needing to extend/renew your conditional license:

Section C: Required for all

C-1 Criminal / Licensing History

Since you applied for your conditional license:

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
[Note: DUII is NOT a traffic violation, and must be reported]

Have you ever entered into a diversion agreement? 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, disciplinary investigation, or action by another regulatory or licensing agency? Yes* No

Have you ever voluntarily surrendered or resigned a professional license or certificate? Yes* No

Do you have any other charges or legal matters that are currently unresolved? Yes* No

** If you answer yes to any of the questions, please provide a copy of the related court proceedings, police reports and/or Board order for each conviction and each disciplinary action, and evidence of meeting your obligations as ordered.*

Also submit a personal statement describing the surrounding facts and circumstances on separate sheet.

C-2 Certification

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 understand that any misrepresentation on my part or failure to fully disclose background information will be cause for disciplinary action by the Board, up to and including license revocation. I agree to abide by all the laws and rules pertaining to my license.

You are accountable for following all Board rules. Please review them at the Statutes/Rules tab on the Board's website, www.oregon.gov/bspa.

Signature

Date