FOR OFFICE	USE ONLY
Speech Prov. Cl	necklist
 App. & Fee Date: Transcript Praxis Score Clock Hours SSN 	Check



FOR OFFICE USE ONLY
Application Approved:
Prov. License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

Rhode Island Board of Examiners of Speech Language Pathology and Audiology

Room 104 3 Capitol Hill Providence, RI 02908-5097

Instructions and Application For Provisional License As An

Speech Language Pathologist

MILITARY STATUS ELIGIBILITY

(Documentation Required) see next page for instructions

Please check ONE of the following criteria for expedited application:

I am in active military duty or a reservist

- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME	FIRST NAME	MI

Phone: (401) 222-2828

License #

Name.

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.

Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$65.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.

Official transcript from an accredited ASHA accredited institution, directly to the Board. Transcript must include date of completion, graduation date and degree. <u>No student copies will be accepted</u>.

Documentation of completed clock hours of supervised, direct clinical experience, sent directly from an ASHA accredited institution to the Board.

Praxis score sent directly from the Educational Testing Service (ETS - Telephone 1-609-771-7395) to the Board.

If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

Licensure Information

Please visit the RIDOH website at <u>http://www.health.ri.gov/licenses</u> to Verify your license, download Rules and Regualtions/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the ex pense of others.



State of Rhode Island

Board of Speech Language Pathology and Audiology Application for a License as a Provisional Speech Language Pathologist or Audiologist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)	
This is the name that	Title (i.e., Mr., Mrs., Ms., etc.)
will be printed on your License/Permit/Cer-	
tificate and reported	First Name
to those who inquire about your License/	
Permit/Certificate. Do	Middle Name
not use nicknames, etc.	
	Surname, (Last Name)
	Suffix (i.e., Jr., Sr., II, III)
	Maiden, if applicable
	Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).
	"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as
2. Social Security	amended, I attest that I have filed all applicable tax returns and paid all
Number	U.S. Social Security Number taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to
	verify that no taxes are owed to the State."
3. Gender	Male Female
4. Date of Birth	
	Month Day Year
5. Home	
Address	1st Line Address (Apartment/Suite/Room Number, etc.)
It is your responsibility	
to notify the board of all address changes.	Second Line Address (Number and Street)
, i i i i i i i i i i i i i i i i i i i	
	City State Zip Code
	Country, If <u>NOT</u> U.S. Postal Code, If <u>NOT</u> U.S.
	Home Phone Home Fax
	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)
6. Business	
Address	Name of Business/Work Location
(ONLY if it is	
RELATED to	1st Line Address (Department/Suite/Room Number, etc.)
your license.)	
It is your responsibility	Second Line Address (Number and Street)
to notify the board of all	
address changes.	City State Zip Code
This address <u>will</u>	
appear on the De- partment of Health	Country, If NOT U.S. Postal Code, If NOT U.S.
web site.	
	Business Phone Extension Business Fax

Applicant: Print your complete last name >

7. Preferred Mailing	Please use my Home Address as my preferred mailing address
Address Please check ONE	Please use my Business Address as my preferred mailing address
8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	
	Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)
9. Criminal Convictions Respond to the question at the top of the section, then	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?
If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Abbreviation of State and Conviction ¹ (e.g. CA - Illegal Possession of a Controlled Substance):
10. Disciplinary Questions Check either Yes or No for each	1. Has any Health Professional license, certificate, registration, or permit you Yes No hold or have held, been disciplined or are formal charges pending? No No
question.	2. Have you ever been denied a license, certificate, registration or permit in Yes No any state?
	Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

11. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely. I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my provisional license to practice as a Speech Language Pathologist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners of Speech Language Pathology and Audiology of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § <u>5-88-1</u> et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type:

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. You do not need to complete the rest of this application – please skip to the signature line.

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (unless required in the initial license application)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.