

FOR OFFICE USE ONLY

SLP/Audiology Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- Photo
- Transcript
- ASHA Certification
- Lic. Verification from other States
- SSN



FOR OFFICE USE ONLY

Application Approved:
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
License As An***

- Audiologist
- Speech Language Pathologist

By

- Examination** **Endorsement**

License # _____
Name _____

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

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LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Interstate Verification Form - Other State Licensure.....	10

Licensure Requirements for Applicants who hold a RI Speech Pathology Provisional License

- Fee of **\$145.00** for Speech Language Pathologist.
- Certification sent directly from the American Speech-Language-Hearing Association (ASHA).
- Recent passport type photograph (2" X 2" head and shoulder view).

Licensure Requirements

- Fee of **\$145.00** for Speech Language Pathologist or **\$65.00** for Audiologist.
- Recent passport type photograph (2" X 2" head and shoulder view).
- Official transcript sent directly from an ASHA accredited institution, which includes the degree granted and date awarded. (See Rules and Regulations at the website below).
- License verification(s) sent directly from the state(s) in which applicant holds or has held a license.
- Certification sent directly from American Speech-Language-Hearing Association (ASHA).

Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession the following web site. From the list click on your profession.

<http://www.health.ri.gov/licenses/>

Title 5, Chapter 48, entitled: Speech Pathology and Audiology can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title5/5-48/INDEX.HTM>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Examiners of Speech Language Pathology and Audiology (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. **All applicable items listed on the “Application Checklist”** (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have a malpractice, criminal or disciplinary history in Rhode Island, or another state, it can take an additional 2 or 3 months to process your application.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed for eligibility and approval.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported. Recent passport type photograph (2" X 2" head and shoulder view).
2. Make check or money order (in U.S. funds only) for the application fee, payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Audiologists and Speech Language Pathologists licenses expire biennially on June 30th of the even numbered years.
3. A completed official transcript **sent directly** from an ASHA accredited institution to the Board at the address below. No student copies will be accepted.
4. Certification sent directly from the American Speech-Language-Hearing Association (ASHA) to the Board at the address below.
5. License verification(s) sent directly from the state(s) in which applicant holds, or has held a license.
6. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Examiners of Speech Language
Pathology and Audiology, Room 104
3 Capitol Hill
Providence, RI 02908-5097**



State of Rhode Island

Board of Speech Language Pathology and Audiology

Application for a License as a 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 will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

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).

2. Social Security Number

 - -

U.S. Social Security Number

“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”

3. Gender

 Male Female

4. Date of Birth

 / / 1 9

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 -

Home Phone

State

 -

Zip Code

Postal Code, If NOT U.S.

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address

(ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 -

Business Phone

Extension

State

 -

Zip Code

Postal Code, If NOT U.S.

 -

Business Fax

<p>7. Preferred Mailing Address</p> <p>Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my Home Address as my preferred mailing address</p> <p><input type="checkbox"/> Please use my Business Address as my preferred mailing address</p>																		
<p>8. Qualifying Education</p> <p>Please list the name and information about the school that you attended that qualifies you for this license.</p>	<p><input type="text"/></p> <p>Type of School (University, College, Technical School, etc.)</p> <p><input type="text"/></p> <p>Name of School</p> <p>Date Graduated: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p style="margin-left: 80px;">Month Year</p> <p><input type="text"/></p> <p>Degree Received (Bachelor of Arts, Master of Science, Doctorate, Diploma, etc.)</p>																		
<p>9. Other State License(s)</p> <p>Please answer the question and list state(s), if applicable</p>	<p>Have you <u>ever</u> held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is “yes”, enter <u>all other state licenses</u> in Question 10 (below):</p>																		
<p>10. Licensure</p> <p>List all states or countries in which you are now, or ever have been licensed to practice your profession*.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="width: 50%; border: none;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> </table> <p align="center">(*You must also request a License Verification (page 10) from all states that are listed above)</p>	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive
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11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

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?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

12. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

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.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public 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 license to practice as a Speech Language Pathologist or Audiologist 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/affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

Notary Seal

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the: “**Rhode Island General Treasurer**” in the amount of **\$145.00** for Speech Pathologist or \$65.00 for Audiologist and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]

I have mailed the above application materials directly to the Rhode Island Board of Examiners of Speech Language Pathology and Audiology.

Other Documents

- I have requested a school transcript and my ASHA certification as instructed.
- I have requested license verification(s) be sent directly from the state(s) in which I hold or have held one.h (if applicable).



Rhode Island Board of Examiners of Speech Language & Audiology

Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Speech Language Pathologist or Audiologist in the State of Rhode Island. The Rhode Island Board of Examiners of Speech Language & Audiology requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE SPEECH LANGUAGE & AUDIOLOGY BOARD

Speech Language & Audiology Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.