

FOR OFFICE USE ONLY

Speech Language Pathology Checklist

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



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**
(From Another State)

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

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. All Speech Language Pathologists licenses expire biennially on June 30th of the even numbered years.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$145.00 for Speech Language Pathologists and \$65.00 for Audiologists** 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. No student copies will be accepted.
- Clinical Certificate of Compliance (CCC) sent directly from the American Speech-Language-Hearing Association (ASHA) (**For Speech Language Pathologists Only Does not apply to Audiology**)
- Provide proof of successful completion of a national examination in audiology approved by the Board (**For Audiologists only Does not apply to Speech Language Pathologists**)
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- 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.

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).

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/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 expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



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.

<p>1. Name(s)</p> <p>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.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Maiden, if applicable</p> <p style="font-size: small;">Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
<p>2. Social Security Number</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">U.S. Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">“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.”</p>
<p>3. Gender</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>4. Date of Birth</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">9</div> </div> <p style="font-size: small; margin-top: 5px;">Month Day Year</p>
<p>5. Home Address</p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Second Line Address (Number and Street)</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 40%; height: 15px;"></div> <div style="border: 1px solid black; width: 10%; height: 15px;"></div> <div style="border: 1px solid black; width: 40%; height: 15px;"></div> </div> <p style="font-size: small; margin-top: 5px;">City State Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Country, if NOT U.S. Postal Code, if NOT U.S.</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> </div> <p style="font-size: small; margin-top: 5px;">Home Phone Home Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p>
<p>6. Business Address (ONLY if it is RELATED to your license.)</p> <p>It is your responsibility to notify the board of all address changes.</p> <p><i>This address will appear on the Department of Health web site.</i></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Name of Business/Work Location</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">1st Line Address (Department/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Second Line Address (Number and Street)</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 40%; height: 15px;"></div> <div style="border: 1px solid black; width: 10%; height: 15px;"></div> <div style="border: 1px solid black; width: 40%; height: 15px;"></div> </div> <p style="font-size: small; margin-top: 5px;">City State Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="font-size: small;">Country, if NOT U.S. Postal Code, if NOT U.S.</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> <div style="border: 1px solid black; width: 15%; height: 15px;"></div> </div> <p style="font-size: small; margin-top: 5px;">Business Phone Extension Business Fax</p>

7. Preferred Mailing Address

Please check ONE

- Please use my Home Address as my preferred mailing address
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.

Form with grid boxes for Type of School, Name of School, Date Graduated (Month/Year), and Degree Received.

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? Yes No

If the answer to this question is "yes", enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession*.

Form with columns for State/Country, Active, and Inactive for multiple entries.

(*You must also request a License Verification (page 10) from all states that are listed above)

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 8 1/2 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):

Form with grid boxes for Abbreviation of State and Conviction, including Month and Year columns.

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?
2. Have you ever been denied a license, certificate, registration or permit in 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, on a separate sheet of paper.

13. 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 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)



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 PATHOLOGY & AUDIOLOGY BOARD		
Speech Language Pathology/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:
<p>Questions:</p> <p>1. Has this licensee ever been investigated by your Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you know of any information that may discredit this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.).</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

Certification:	
Signature	Date
Type or Print Name	
Title	
Full Name of Licensing Board	
<div style="border: 1px dashed black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Please Affix Board Seal Here </div>	

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