Rhode Island Board of Examiners for Speech Pathology and Audiology

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

Application for Supportive Personnel

Category of Supportive Personnel: ☐ **Audiometric Aide** ☐ **Speech-Language Pathology Support Person**

Name

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.

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

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 Divison of Taxation to verify that no taxes are owed to the State."

Gender ☐ Male ☐ Female

Date of Birth

Month Day Year

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 State Zip Code

Home Phone Home Fax

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

Employer

Name of Employer

Signature of Applicant:_____ **Date:**_____

This section is to be completed by the supervising Speech-Language Pathologist or Audiologist

Supervising Professional Information

First Name

Middle Name

Surname, (Last Name)

License Number Phone Number

I hereby attest that the individual named above qualifies as an Audiometric Aide or Speech-Language Pathologist support person under Secions 8.1.1 or 8.1.2 of the Rules and Regulations for Licensing Speech Language Pathologists and Audiologists. Furthermore, I understand and accept the supervisory requirements as outlined in Section 8.2 of the aforementioned Rules and Regulations.

Signature of Supervising Professional:_____ **Date:**_____