

# STATE OF MAINE

## SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

### APPLICATION FOR LICENSURE



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8609

TTY/HEARING IMPAIRED (207) 624-8563

Email: [jacqueline.m.thibodeau@state.me.us](mailto:jacqueline.m.thibodeau@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 5/2000

**Application Guide for Licensure as a Speech-Language  
Pathologist or Audiologist**

***Please read all the information carefully. If you have any questions, you can contact the Board of Examiners on Speech-Language Pathology and Audiology office at (207) 624-8609 or email [jacqueline.m.thibodeau@state.me.us](mailto:jacqueline.m.thibodeau@state.me.us).***

**ELIGIBILITY FOR LICENSE:**

**Requirements for Permanent Licensure in Speech-Language Pathology or Audiology**

To be eligible for licensure by the board as a Speech-Language Pathologist or Audiologist a person shall possess at least a master's degree or its equivalent, as determined by the board, which is consistent with the requirements for American Speech and Hearing Association Certificate of Clinical Competency in Speech Pathology or Audiology. The board may establish the requirements for academic coursework, supervised clinical practicum, supervised professional employment, and written examination. All applicants must submit the following:

- A. Application for Licensure;
- B. Official transcript issued directly to the Board from the issuing University or College indicating a master's degree or equivalent coursework;
- C. Evidence of having completed 375 clock hours of supervised clinical observation and clinical practicum. Please refer to Board rules Chapter 1, Section 2(D);
- D. Evidence of Completion of Clinical Fellowship Year or equivalent supervised experience;
- E. A passing score on the examination administered by Praxis; (passing score 600)
- F. Resume' of Continued Professional Experience in Speech-Language Pathology and/or Audiology to include evidence of current continuing education;
- G. Payment of a \$25.00 Non-refundable application fee and a \$90.00 initial license fee for a total of \$115.00. Please make your check payable to: Maine State Treasurer;
- H. Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer; and
- I. If you currently hold a license from another state, please have that state forward a copy of your license and the current regulations, or identify the internet address at which they may be found.

## **Requirements for Temporary Licensure in Speech-Language Pathology or Audiology**

An applicant who fulfills all the requirements for licensure except professional employment or examination, may apply to the board for a temporary license. Upon receiving an application, accompanied by the fee established in Board Rule, Chapter 1, Section 5, the board shall issue a temporary license, which entitles the applicant to practice speech-language pathology or audiology under supervision while completing the requirements for licensure. A temporary license may not be issued by the board under this section unless the applicant shows to the satisfaction of the board that the applicant is or will be supervised and trained by a person who holds a license or the Certificate of Clinical Competency of the American Speech and Hearing Association in the appropriate specialty. The temporary license shall be effective for one year and may be renewed only once by the Board. All applicants for temporary licensure must submit the following:

- A. Completed Application for Licensure;
- B. Official transcript issued directly to the Board from the issuing University or College indicating a master's degree or equivalent coursework.
- C. Evidence of having completed 375 clock hours of supervised clinical observation and clinical practicum. Please refer to Board rules Chapter 1, Section 2(D);
- D. A supervisory plan. Persons with a temporary license may practice only under supervision;
- E. Payment of \$25.00 Non-refundable application fee and \$90.00 license fee for a total of \$115.00. Please make your check payable to: Maine State Treasurer; and
- F. Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.

### **APPLICATION PROCEDURE:**

- Incomplete applications will not be reviewed by the Board.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Applicants whose applications have been incomplete for more than six months will be required to submit **new** applications if they wish to be considered for licensure.
- All completed applications are reviewed by the Board. All applicants will be notified in writing regarding the disposition of their application.



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Examiners on Speech-Language  
Pathology and Audiology**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
OFFICE PHONE (207) 624-8609  
TTY/HEARING IMPAIRED (207) 624-8563

ANGUS S. KING, JR.  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**APPLICATION FOR LICENSURE**

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

**PLEASE CHECK ONE OF THE FOLLOWING:**

- |  |  |
|--|--|
| <input type="checkbox"/> Speech-Language Pathologist<br><input type="checkbox"/> Speech-Language Pathologist/Audiologist<br><input type="checkbox"/> Audiologist | <input type="checkbox"/> Temporary Speech-Language Pathologist<br><input type="checkbox"/> Temporary Audiologist |
|--|--|

<b>Please Read Application Guide Prior to Completing this Application.</b>			
<b>Name</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	
		<b>Zip Code</b>	
<b>County</b>		<b>Home Telephone</b>	
		<b>Work Telephone</b>	
<b>Social Security #:</b>		<b>Date of Birth</b>	
-                      -		/                      /	

**EDUCATION**

List the names of all institutions attended, graduation date at each institution, major, and degree awarded (if applicable).

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE AWARDED

## EMPLOYMENT

Please list the name of your current employer and where you are seeking prospective employment.

NAME	ADDRESS & TELEPHONE NUMBER		
Current Employer	Address		
	City	State	Telephone Number
Prospective Employer	Address		
	City	State	Telephone Number

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been licensed in another state or territory?  Yes  No  
 State: \_\_\_\_\_ License # \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
2. Has your application for examination or licensure been denied by any state governing the practice of speech-language pathology and/or audiology?  Yes  No  
 If yes, please attach an explanation.
3. Has your license ever been suspended or revoked by any state?  Yes  No  
 If yes, please attach an explanation.
4. Have you ever been or convicted of, or plead guilty to a crime?  Yes  No  
 If yes, please list date(s) and crime(s), and submit a copy of the court judgment(s).
5. Have you ever been disciplined by ASHA (American Speech-Language Hearing Association) in a manner which resulted in the loss of your Certificate of Clinical Competency?  Yes  No

**By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date







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 DEPARTMENT OF PROFESSIONAL  
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**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #:</b> (____) _____ - _____
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_ **Card number**

**Expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **in the amount of: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE PHONE: (207)624-8609



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