

STATE OF MAINE

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

APPLICATION FOR REGISTRATION



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

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 5/2000

Application Guide for Registration as a Speech-Language Pathology Aide and Speech-Language Pathology Assistant

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.

ELIGIBILITY FOR REGISTRATION:

Speech-Language Pathology Aide. "Speech-Language Pathology Aides" are those individuals who provide clinical services to the communicatively handicapped as supervised by a Board licensed Speech-Language Pathologist, as provided by 32 MRSA, Section 6003(7).

Section 6003(7). "Speech-language pathology aide" means an individual who meets minimum qualifications that the board may establish for speech-language pathology aides, which are less than those qualifications established by this chapter as necessary for licensure as a speech-language pathologist and less than those established by the Department of Education for school personnel, and who works under the supervision of a licensed speech-language pathologist.

Section 6004(2). Registration may be granted to a person who meets the minimum qualifications established by the board for a speech-language pathology aide and who is supervised by a speech-language pathologist. A person holding this credential may continue to practice as a speech-language pathology aide until January 1, 2005. Any speech-language pathology aide registered after October 1, 1997 must demonstrate 2 years of post-secondary education and submit a training plan endorsed by a licensee. All speech-language pathology aides must meet the minimum qualifications for a speech-language assistants adopted by the board no later than January 1, 2005.

All applicants for registration as a Speech-Language Pathology Aide must submit the following:

- A. Application for Registration;
- B. Documentation demonstrating two (2) years of post-secondary education;
- C. A statement of specific clinical services to be provided under the direction of the supervising Speech-Language Pathologist;
- D. A statement of settings in which those services would be provided;
- E. A statement of a formal training plan aimed at assuring that the individual possesses the necessary competencies to provide the services described in Chapter 3, Section 1(D) and (E);
- F. A statement of a formal supervisory plan. Training and supervision of the Aide must be provided by the registering licensed Speech-Language Pathologist. The letter must attest to, and maintain compliance with, the following minimal supervisory criteria:
 1. Direct, on-site observations of the Aide must be made for the first 20 clock hours of direct client contact following training; and
 2. Direct, on-site observations of each client served by the Aide at least once every two weeks.
- G. Payment of a separate \$8.00 fee for a criminal records (SBI) check, make check payable to Treasurer, State of Maine

Speech-Language Pathology Assistant. “Speech-Language Pathology Assistants” are those individuals who provide clinical services to communicatively handicapped persons as supervised by a Board licensed Speech-Language Pathologist, as provided by 32 MRSA Section 6003(7-A).

Section 6003(7-A). “Speech-language pathology assistant” means an individual who meets minimum qualifications that the board may establish for speech-language pathology assistants, which are less than those qualifications established by this chapter for licensure, but which must include an associate's degree or its equivalent as determined by the board, in the field of communication disorders.

Section 6004(3). Registration must be granted to a person who meets the minimum qualifications for a speech-language assistant established by the board and who is supervised by a licensed speech-language pathologist, as set forth by the board by rule.

All applicants for registration as a Speech-Language Pathology Assistants must submit the following:

- A. Application for Registration;
- B. Documentation demonstrating a minimum of an associates degree (60 credit hours) in a Speech-Language Pathology Assistant training program, or an equivalent course of study with a major emphasis in the area of Speech-Language Pathology. Please refer to Board rules Chapter 3, Section 2(B)(1) for further clarification;
- C. Documentation demonstrating completion of a practicum under the supervision of a Board licensed Speech-Language Pathologist;
- D. Documentation demonstrating passing a proficiency evaluation administered by an associates degree program or possess a support personnel credential from the American Speech-Language Hearing Association (ASHA); and
- E. Payment of a \$8.00 fee for a criminal records (SBI) check.

APPLICATION PROCEDURE:

- A. Completed application forms must be submitted for board approval prior to the date of first employment of the Aide and/or Assistant under the supervision of the registering professional.
- B. All applications are reviewed by the Board. All applicants will be notified in writing as to 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 REGISTRATION

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:

- Speech-Language Pathology Aide Speech-Language Pathology Assistant

Please Read Application Guide Prior to Completing this Application.

| | | | |
|--|-----------------------|-----------------------|-------------------------------|
| To Be Completed by the Speech-Language Pathology Assistant/Aide | | | |
| Name | | | |
| Mailing Address | | | |
| City | State | | Zip Code |
| County | Home Telephone | Work Telephone | |
| Social Security #: | - | - | Date of Birth / / |

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 |
|----------------|----------------|-------|----------------|
| | | | |
| | | | |
| | | | |

NOTE: Individuals currently registered as Speech-Language Pathology Aides will have a period of 8 years to meet the new eligibility standards (January 1, 2005) and may continue in their present positions while working to meet those requirements.

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| To Be Completed by the Speech-Language Pathology Assistant/Aide | | | |
| Name | | | |
| Mailing Address | | | |
| City | State | | Zip Code |
| County | Home Telephone | Work Telephone | |
| Social Security #: | - | - | License Number |

Please list the names of any other Speech-Language Pathology Aides and/or Speech-Language Pathology Assistants currently registered to work under your supervision and number of hours employed per week.

1. _____
2. _____

NOTE:

- **Only individuals with a permanent license and at least 2 years post-graduate professional experience may register and supervise Speech-Language Pathology Assistants. Only Speech-Language Pathologists with permanent licenses may register and supervise Speech-Language Pathology Aides.**
- **Supervising Speech-Language Pathologists are totally responsible for the services provided by their Speech-Language Assistants. Supervising Speech-Language Pathologists are totally responsible for the clinical services provided by their Aides.**

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 Speech-Language Pathology Aide/Assistant

Date

Signature of Licensed Speech-Language Pathologist

Date

Please attach the following for Registration as a Speech-Language Pathology Aide: (1) Documentation demonstrating two years post-secondary education; (2) A statement of specific clinical services to be provided under the direction of the supervising Speech-Language Pathologist; (3) A statement of settings in which those services would be provided; (4) A statement of a formal training plan aimed at assuring that the individual possesses the necessary competencies to provide the services as described in Chapter 3, Section 1(D) and (E) of Board Rules; and (5) A statement of a formal supervisory plan as described in Chapter 3, Section 1(C)(2)(d) of Board Rules.

Please attach the following for Registration as a Speech-Language Pathology Assistant: (1) Documentation demonstrating a minimum of an associates degree (60 credit hours) in a Speech-Language Pathology Assistant training program, or an equivalent course of study with a major emphasis in the area of Speech-Language Pathology as described in Chapter 3, Section 2(B)(1) of Board Rules; (2) Documentation demonstrating completion of a practicum under the supervision of a Board licensed Speech-Language Pathologist; and (3) Documentation demonstrating passing a proficiency evaluation administered by an associates degree program or possess a support personnel credential from the American Speech-Language Hearing Association (ASHA).



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
(207) 624-8563 (TY/HEARING IMPAIRED)

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

(Clerk Name and Phone Number)

**Jacqueline Thibodeau
(207) 624-8609**



OFFICE PHONE: (207)624-8609

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(207)624-8653 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



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
 (207) 624-8563 (TTY/HEARING IMPAIRED)

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR



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.

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

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



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(207)624-8653 (TTY/HEARING IMPAIRED)