

STATE OF MAINE

BOARD OF SPEECH, AUDIOLOGY AND HEARING

APPLICATION FOR LICENSURE

- Speech-Language Pathologist
- Speech-Language Pathologist/Audiologist
 - Audiologist



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Speech, Audiology and Hearing is enclosed. It contains all the relevant materials you need to complete your application for licensure as a Speech-Language Pathologist, Speech-Language Pathologist/Audiologist or Audiologist in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT:

- Application Guide
- Individual License Application
- Verification of Licensure Form

ADDITIONAL RESOURCES:

- Licensing Law for Speech-Language Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html> or call (207) 624-8626

- Licensing Rules Specific to Speech-Language Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid/laws.htm or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE:

- Please submit your application materials to the Department by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

DESCRIPTION OF SPEECH-LANGUAGE PATHOLOGIST:

A Maine Licensed Speech-Language Pathologist ("SLP") is an individual who meets the board's education, training, and examination requirements and is issued a license to practice speech-language pathology which is defined as "the application of theories, principles and procedures related to development and disorders of language and speech for purposes of assessment and treatment."

DESCRIPTION OF AUDIOLOGIST:

A Maine Licensed Audiologist is an individual who meets the board's education, training, and examination requirements and is issued a license to practice audiology, which includes the dispensing of hearing aids effective December 1, 2007. The practice of audiology is defined as "the application of theories, principles and procedures related to hearing and balance disorders for the purpose of assessment and treatment."

Licensure as a Speech-Language Pathologist or Audiologist

There are four (4) pathways to licensure as a speech-language pathologist or audiologist.

Pathway 1 (Change of status from temporary to permanent licensure) shall include the following:

- Completed and signed application for permanent licensure;
- A written request for Change of Status;
- Documentation of completion of Clinical Fellowship Year – copies of ASHA rating and reporting forms;
- Official evidence of a passing score on the examination administered by Praxis (passing score is 600) – if not previously submitted to this office; and
- Payment of a Licensure fee of \$110.00.

Pathway 2 (Standard) applications shall include the following:

- A completed and signed Application;
- Official Transcript from the issuing University or College indicating a Master's degree, doctoral degree or equivalent;
- Evidence of having completed 400 clock hours of supervised clinical observation and clinical practicum. Please refer to Board Rules Chapter 3, Section 1(1)(A)(3) or Chapter 3, Section 2(1)(A)(2);
- Evidence of Completion of Clinical Fellowship Year or equivalent supervised experience;
- Official evidence of a passing score on the examination administered by Praxis (passing score is 600) within the preceding five (5) years of the date of receipt of this application;
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00

Note: All fees can be in one payment.

Pathway 3 (Certificate of Clinical Competency) applications shall include the following:

- A completed and signed Application;
- Official Transcript from the issuing University or College indicating a Master's degree or equivalent coursework;
- Official documentation demonstrating a valid Certificate of Clinical Competency from ASHA that is current at the time of application;
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

Pathway 4 (Other Jurisdiction) applications shall include the following:

- A completed and signed Application;
- Official Transcript from the issuing University or College indicating a Master's degree or equivalent coursework;
- A completed Verification of Licensure Form;
- Copy of Statutes and Rules of sending state;
- Official documentation demonstrating a valid Certificate of Clinical Competency from ASHA that is current at the time of application. If you have not attained your CCC's through ASHA then the following documents are needed:
 - Evidence of having completed 400 clock hours of supervised clinical observation and clinical practicum. Please refer to Board Rules Chapter 3, Section 1(1)(A)(3) or Chapter 3, Section 2(1)(A)(2);
 - Evidence of Completion of Clinical Fellowship Year or equivalent supervised experience;
 - Official evidence of a passing score on the examination administered by Praxis (passing score is 600).
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND 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 Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: 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 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one)	NO YES
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)	NO YES
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
SIGNATURE	DATE

Board of Speech, Audiology and Hearing	
Please Select License Type: <input type="checkbox"/> Speech-Language Pathologist (SP1421) <input type="checkbox"/> Audiologist (AP1421) <input type="checkbox"/> Speech-Language Pathologist/Audiologist (PA1421) Required Fee: \$181 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$110.00 1446 - \$50.00 2619 - \$21.00 <i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 12/2011	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

Post Secondary Education

Name of School	Date of Graduation	Major	Degree Awarded

Employment

Please provide information regarding your current employment and where you are seeking employment.

Current Employer:		Work Phone <i>(include area code)</i> :
Mailing Address:		
City:	State:	Zip Code:

Prospective Employer:		Work Phone <i>(include area code)</i> :
Mailing Address:		
City:	State:	Zip Code:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? [] YES [] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. YES NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. YES NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Speech, Audiology and Hearing
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

VERIFICATION OF LICENSURE FORM

The applicant listed below is applying for licensure in the State of Maine. The Maine Board of Speech, Audiology and Hearing requests written verification from each state that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

The remaining portion is to be completed by the licensing or certifying authority where the applicant holds or has held a license, certification or credential. Upon completion, the licensing or certifying authority should mail the verification directly to the Board at the above address.

Name of Licensee:		Type of License:
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired	
Date Issued:	Expiration Date:	

OFFICE PHONE: (207)624-8626



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE
www.maine.gov/professionallicensing

VERIFICATION OF LICENSURE (PAGE 2)

Exam taken: _____

Date exam passed:

If no examination was taken, how was licensure obtained?

Grandfathered Endorsement/Comity from which state: _____

What were the requirements for education at the time the license was issued?

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____