

STATE OF MAINE

BOARD OF SPEECH, AUDIOLOGY AND HEARING

**APPLICATION FOR REGISTRATION**

- Speech-Language Pathology Assistant



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](http://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 registration as a Speech-Language Pathology Assistant 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 for Registration as a Speech-Language Pathology Assistant
- Application
- Supervision 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 registration.**

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 registration.**

Available: [http://www.maine.gov/pfr/professionallicensing/professions/speech\\_audiology\\_hearing\\_aid/laws.htm](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

**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.**

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

- 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](http://www.maine.gov/pfr/professionallicensing/license_search.htm). We appreciate your thoughtful attention to this request.
- Board approval must be granted prior to the practice of the Assistant under the supervision of the registering professional.

## **DESCRIPTION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

A Speech-Language Pathology Assistant is an individual who meets the educational and practicum requirements as determined by the board and has been approved to be registered under a qualified, Maine Licensed Speech-Language Pathologist ("SLP"). A SLP Assistant may be registered under only one Maine licensed SLP and must follow the supervision requirements, including documentation of supervision pursuant to Chapter 4 of the board's rules.

## **Speech-Language Pathology Assistant Applications for Registration Shall Include the Following:**

- Completed and signed Application;
- Documentation demonstrating supervisor has completed 10 hours of Board approved SLP Supervisory Training;
- Supervision Form completed and signed by the registering professional;
- Official Transcript 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 9, Section 1 for further clarification;
- Documentation of a practicum as either a SLP aide or as a student under the supervision of a Board licensed Speech-Language Pathologist in a regionally accredited training program. Please refer to Board rules Chapter 9, Section 1 for further clarification; and
- Payment of a Criminal History Check fee of \$21.00.

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](http://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](http://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	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
<b>1. Have you ever been convicted by any court of any crime? (circle one)</b>	<b>NO      YES</b>
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>	<b>NO      YES</b>
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.	
<b>SIGNATURE</b>	<b>DATE</b>

<b>Board of Speech, Audiology and Hearing</b>	
<b>Please Select License Type:</b>	<b>Office Use Only:</b> 2619 - \$21.00
<input type="checkbox"/> Speech-Language Pathology Assistant (SAS2619)	
<b>Required Fee: \$21</b> <b>(includes Criminal History Records Check Fee)</b>	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 12/2011	

<b>PAYMENT OPTIONS:</b>			
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>
<b>SIGNATURE</b>	<b>DATE</b>		

Registrant's Education			
Name of School	Date of Graduation	Major	Degree Awarded

Supervisor Data (To be completed in full by the Speech-Language Pathologist)			
Name:		License Number:	
Mailing Address:			
City:		State:	Zip Code:
County:	Work Telephone:	Home Telephone:	

List the names of any other Speech-Language Pathology Assistants currently registered to work under your supervision and number of hours employed per week:

Name	Hours

Please note:

- Only individuals with a permanent license and at least two (2) years of post-graduate professional experience and ten (10) hours of Board-approved training in “the supervisory process” may register and supervise Speech-Language Pathology Assistants.
- Supervising Speech-Language Pathologists are totally responsible for the services provided by their Speech-Language Assistants.

**Registrant's 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: \_\_\_\_\_

**SLP Supervisor's Affirmation**

By signing, I understand that the Board of Speech, Audiology and Hearing will rely upon this information for issuance of a registration under my license and I also understand that I am responsible for the services provided by my assistant(s). I also agree to not commence supervision of the practice of this applicant until the registration is approved and issued by the Board.

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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

Paul R. LePage  
 Governor

Anne L. Head  
 Director

**Supervision Form for Speech-Language Pathology Assistants**

This form is required to be submitted by applicants for registration as a speech-language pathology assistant or to report changes in supervisory relationships to the Board.

**Applicant Data**

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Applicant's Education/School:		Degree Awarded:

**Proposed Supervisor's Data**

Please select one:		
<input type="checkbox"/> New supervisor	<input type="checkbox"/> Change of supervisor	
Name of previous supervisor: _____		
Name of Proposed Supervisor:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	First Issue Date:	
Employer:	Job Title:	Dates employed*:
*If less than two (2) years please attach a resume demonstrating at least two (2) years of professional experience.		



PRINTED ON RECYCLED PAPER

# Supervision Form for Speech-Language Pathology Assistants

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## Supervisor's Responsibility Statement

As the Supervisor:

- 1) I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise this speech-language pathology assistant.
- 2) I have completed at least ten (10) hours of training in the supervision of speech-language pathology assistants.
- 3) I understand that I may supervise a maximum of two (2) speech-language pathology assistants and that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible.
- 4) I understand that the applicant for registration may not perform the duties of a speech-language pathology assistant until the Board has reviewed and approved this applicant's registration or has reviewed and approved the change in supervision in writing.
- 5) I understand that I am legally and ethically responsible within the jurisdiction of the Board for the professional activities of this speech-language pathology assistant.
- 6) I will immediately notify the speech-language pathology assistant and the Board of anything that affects my ability or right to supervise.
- 7) I will inform all clients (or their legal guardians), referring agencies and payers for service in writing when this speech-language pathology assistant provides direct services. I will also provide all clients with a copy of Chapter 9, Sections 4 and 5 of the Board's Rules.
- 8) I will maintain a supervision log as outlined in Chapter 9, Section 4(3) of the Board's rules and will provide it to the Board upon request.
- 9) I will be on-site or accessible by telecommunications at all times when this speech-language pathology assistant is providing client care.
- 10) I know and understand the laws and rules pertaining to the supervision and scope of practice of speech-language pathology assistants.
- 11) If I terminate supervision of this speech-language pathology assistant I will inform the Board in writing within ten (10) days.

Agree:

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By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_