



KENTUCKY BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

P. O. BOX 1360 FRANKFORT, KENTUCKY 40602 http://www.slp.ky.gov

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY:

Date: Amount: Board Review Date: [] Approved [] Denied [] Deferred Comments: Member Initial:

(Please Check Appropriate Block)

- [] Speech-Language Pathology [] Audiology

(Please Print or Type)

- 1. Name: S. S. No. 2. Name as it appears on transcript: 3. Address: Street City State Zip Email: 4. Phone: Home () Business () Cell () 5. U.S. Citizen: [] Yes [] No If no, have you declared your intention to become a citizen? [] Yes [] No 6. Date of Birth: 7. Have you ever applied for permanent or interim licensure in Speech-Language Pathology or Audiology in Kentucky? [] Yes [] No If yes, give license number and/or reason for denial: 8. Name of other state(s) in which you hold a license. Please submit a letter of good standing from all states in which you have held a license in Speech-Language Pathology or Audiology 9. Have you ever had a license denied, suspended or revoked in any state or have you ever received a reprimand as a result of unethical, immoral or illegal conduct by any licensure board or agency? [] Yes [] No If yes, explain: 10. Have you ever been convicted of a felony? If yes, explain:

11. PROFESSIONAL EXPERIENCE (Begin with Current Position)

Table with 2 columns: Employment details (From Mo., Yr., To Mo., Yr., Full-Time/Part-Time, hrs./wk, Title or Position, Name of Employer, Address of Employer) and Describe Your Duties.

EDUCATION

School	Names and Locations	Dates Attended		Date of Graduation		Number of Hours or Credits	Degrees Obtained
		From	To	Month	Year		
UNDER-GRADUATE SCHOOL							
GRADUATE SCHOOL							

NOTE: All degrees applicable to Licensure must be documented by a CERTIFIED COPY of the official transcript. The transcript must be mailed directly to this office by the school registrar. No action will be taken on your application until necessary transcripts are received.

APPLICATION FOR LICENSURE:

12. Do you currently hold the ASHA Certificate of Clinical Competence (CCC)?

Yes Certificate Number: _____
Date Received: _____

Documentation of certification from ASHA office must be submitted directly to the Board Office.

No
(See Item 13)

13. If you do not hold the ASHA Certificate of Clinical Competence (CCC):

a.

• If you hold an Interim License: Was original plan of post graduate professional experience (PPE) completed?

Yes
Supervisor's Signature: _____ License Number _____

No; attach a statement explaining how your experience varied from the approved PPE
Supervisor's Signature: _____ License Number _____

• If you do not hold an Interim License:

Submit written evidence from a licensed and/or certified speech-language pathologist or audiologist supervisor of 1260 hours of full time professional employment or its part time equivalent pertinent to the license being sought. . Full-time is defined as a minimum of thirty five (35) clock hours of work for at least thirty six (36) weeks. A part time equivalent must consist of 1260 hours earned over no more than 24 months.

*In the event that part-time employment is used to fulfill a part of the PPE, 100% of the minimum hours of the part-time work per week requirement must be spent in direct professional experience.

b. Submit documentation of passing score of Praxis Exam in Speech-Language Pathology and/or Audiology, directly from ETS Board.

14. Submit this completed application along with a check or money order payable to the **Kentucky State Treasurer** for the application/licensure fee of \$150 (\$50 application fee/\$100 licensure fee); fee is \$100(licensure fee) if you currently hold an Interim License in Kentucky. If applying for dual licensure the correct fee is \$300 (\$100 application fee/\$200 licensure fee). **DO NOT SEND CASH.** Mail to Kentucky Board of Speech-Language Pathology and Audiology, P. O. Box 1360, Frankfort, Kentucky, 40602.

AFFIDAVIT (Required)

I do hereby swear or affirm that the above statements made by me on this application are true, complete and correct to the best of my knowledge. I represent that I have read and understand the laws and regulations related to licensure in Speech-Language Pathology and Audiology.

APPLICANT SIGNATURE _____ DATE _____