



Kentucky Board of Speech-Language Pathology and Audiology
Public Protection Cabinet – Department of Professional Licensing
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.8801 | Fax: (502) 564.4818 | SLP.ky.gov | slpa@ky.gov

APPLICATION FOR SLP-A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

INSTRUCTIONS

1. A license for SLP-A entitles the licensee to work in Kentucky public schools only. See KRS 334A.033.
2. Please send a payment by check or money order made payable to the Kentucky State Treasurer for:
 - a. The fee of \$125 (\$50 application fee and \$75 licensure fee).
 - b. If you currently hold an Interim License in Kentucky, the fee is \$75 (licensure fee only).
 - c. DO NOT SEND CASH
3. The applicant shall submit a criminal background investigation performed within the last ninety (90) days by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI), which shall be sent by the KSP and FBI directly to the Board. The applicant is responsible for the payment of any fee to the KSP and FBI.
4. All degrees applicable to Licensure must be documented by a CERTIFIED COPY of the official transcript. The transcript must be sent directly to this office by the school registrar. No action will be taken on your application until necessary transcripts are received.
5. Mail to Kentucky Board of Speech-Language Pathology and Audiology, P. O. Box 1360, Frankfort, Kentucky, 40602.
6. Please Type or Print All Information.

SECTION 1: GENERAL APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Previous Names Used: _____

Mailing Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

D.O.B. _____ SSN (Last 4): _____ Phone Number: _____

Present Place of Employment Telephone Number: _____

Present Place of Employment E-mail Address: _____

SECTION 2: GENERAL QUESTIONS

Please answer each of the following questions by putting a check in the appropriate box on the right.

- You must answer each question with a "Yes" or "No" or "Not Applicable" ("N/A") if this option is provided. No other response is acceptable.
- **All "Yes" answers MUST be explained in detail on a separate SIGNED statement and submitted with the application.**
- Applicants should be aware that answering "Yes" to some questions may necessitate special screening procedures by the board.
- Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1. Have you ever applied for licensure in Speech-Language Pathology in Kentucky? YES NO

If yes, give license number and/or status of license or application: _____

2. Have you ever had any application for any professional license denied by any licensing authority? YES NO

If yes, please list where and when: _____

3. Do you currently hold another professional license or credential? YES NO

If yes*, list the license(s) and state(s): _____

You must request that a letter of good standing be sent directly to the Board from all states in which you hold, or have held, a license.

4. 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: _____

5. Is there any disciplinary action pending against you by any licensing jurisdiction other than Kentucky? YES NO

If YES, where and when?: _____

6. Are you a member of the military or a military spouse? YES NO

If yes, please attach proof of the following: (1) proof of issuance of a valid license, permit, certificate or other document issued by another state that is active or has been expired for < 2 years and that it is in good standing or was upon the date of expiration; DD-214 form or other proof of active or prior military service with an honorable discharge, discharge under honorable conditions, or a general discharge under honorable conditions; proof of marriage to an active duty member of the Armed Forces of the U.S., if applicable; and proof that the military spouse is assigned to a duty station in this state and that the applicant is also assigned to a duty station in this state pursuant to the spouse's active duty military orders.

7. Have you ever violated or been formally charged with a violation of any professional code of ethics? YES NO

If yes, list where and when: _____

8. Have you ever been convicted, pled guilty, or pled nolo contendere (no contest) to a felony conviction, whether or not sentence was imposed or suspended? YES NO

If YES, where and when? If YES, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.

9. Have you ever been named as a defendant to a civil suit related to your profession? YES NO

If yes, please list where and when

10. Do you currently have a disability or medical condition that interferes with your ability to competently and safely perform the essential functions of speech-language pathology? YES NO

If YES, please explain: _____

11. At any time in the last five (5) years have you engaged in the illegal use of any controlled substance on a regular or occasional basis? YES NO

If YES, please explain: _____

11. Are you currently being treated for alcohol or other substance use? YES NO

If YES, please explain: _____

12. Are you under an adjudication or other diversion agreement which suspends or defers sentencing for a crime? YES NO

If "Yes", give details and attach supporting documentation:

SECTION 3: PROFESSIONAL EXPERIENCE

Begin with Current Position

Employed From Mo. _____ Yr. _____ TO Mo. _____ Yr. _____

Title or Position: _____ hrs/week

Full-Time

Part-Time

Name of Employer: _____

Address of Employer: _____

Describe your duties:

Employed From Mo. _____ Yr. _____ TO Mo. _____ Yr. _____

Title or Position: _____ hrs/week

Full-Time Part-Time

Name of Employer: _____

Address of Employer: _____

Describe your duties:

SECTION 4: EDUCATION

1. Undergraduate

School Name and Location: _____

Dates Attended (To/From) _____ Graduation Date (Month/Year): _____

Program: _____ Hours Obtained: _____

Degrees: _____

2. Graduate

School Name and Location: _____

Dates Attended (To/From) _____ Graduation Date (Month/Year): _____

Program: _____ Hours Obtained: _____

Degrees: _____

Work Setting – School System: _____ School Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

- Licensees must provide a Postgraduate Professional Experience Report completed by each Speech-Language Pathologist who has provided supervision during your interim licensure period.
- Licensees must submit the Postgraduate Professional Experience Evaluation Form, DLP-SLPA-10, completed by each Speech-Language Pathologist who has provided supervision during your interim licensure period.

SECTION 5: AFFIDAVIT

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

Signature: _____ Date: _____

SECTION 6: AGREEMENT TO PROVIDE SUPERVISION

I, _____, do hereby agree to provide supervision as required by KRS 334.035 (2) and as defined by 201 KAR 17:027 for _____ to function as a speech-language pathology assistant during the period of this license. I further agree to accept responsibility for the practice and activities of the above-named individual in his/her capacity as a speech-language pathology assistant. I acknowledge that the failure to utilize this person appropriately as a speech language pathology assistant and to supervise in accordance with the above cited provisions of Chapter 334A of the Kentucky Revised Statutes and the administrative regulations promulgated thereunder, shall be considered as aiding and abetting an unlicensed person to practice speech-language pathology as described in KRS Chapter 334A. I represent that I have read and understand the laws and regulations related to licensure as a Speech-Language Pathology Assistant.

Supervisors Signature

Date

Street Address

Phone Number

City, State, Zip Code

SLP License or Certificate Number (You must attach a copy of your Kentucky Teaching Certificate if you do not hold a Kentucky SLP License)