



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) 782.4250 | Fax: (502) 564.4818 | SLP.ky.gov | slpa@ky.gov

APPLICATION FOR LICENSURE

Application type (check all that apply):

Speech-Language Pathology

Audiology

INSTRUCTIONS

- Please send a payment by check or money order made payable to the Kentucky State Treasurer for:
 - The fee of \$150 (\$50 application fee/\$100 licensure fee);
 - If you currently hold an Interim License in Kentucky, the fee is \$100 (licensure fee only); or
 - If applying for dual licensure, the fee is \$300 (\$100 application fee/\$200 licensure fee).
 - DO NOT SEND CASH.
- 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.
- 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.
- DO NOT SEND CASH.
- Mail to Kentucky Board of Speech-Language Pathology and Audiology, P. O. Box 1360, Frankfort, Kentucky, 40602.
- Please Type or Print All Information.

SECTION 1. GENERAL APPLICANT INFORMATION

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

Prior Names Used: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

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

Email Address: _____

Present Place of Employment Telephone Number: _____

Present Place of Employment E-mail Address: _____

DPL-SLPA-04

Rev. July 2026

KRS 334A.033, 334A.050, 334A.055

201 KAR 17.012

SECTION 2. GENERAL QUESTIONS

Please answer each of the following questions by putting a check (a) 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.

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|--|-----|----|
| 1. Have you ever applied for permanent or interim licensure in speech-language pathology or audiology in Kentucky? If YES, please give license number and status of license: | YES | NO |
| <hr/> | | |
| 2. Have you ever had any application for any professional license denied by any licensing authority? If yes, please list where and when. | YES | NO |
| <hr/> | | |
| 3. Have you ever been denied the privilege of taking an examination required for any professional licensure? If yes, please list where and when. | YES | NO |
| <hr/> | | |
| 4. Do you currently hold another professional license or credential? If yes*, list the license(s) and state(s): | YES | NO |
| <hr/> | | |
| 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. | | |
| 5. Have you ever been suspended, placed on probation, expelled, or requested to resign from any post-secondary educational program in which you were enrolled, for reasons in whole or in part, unrelated to grades? If so, list when and where. | YES | NO |
| <hr/> | | |
| 6. Have you ever been placed on probation or suspended, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training, for reasons in whole or in part, unrelated to grades? If yes, list where and when. | YES | NO |
| <hr/> | | |
| 7. Have you ever violated or been formally charged with a violation of any professional code of ethics? If yes, list where and when. | YES | NO |
| <hr/> | | |
| 8. Have you ever voluntarily surrendered a professional license or certification? If yes, list where and when. | YES | NO |
| <hr/> | | |

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? If yes, list where and when. YES NO
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10. Is there any disciplinary action pending against you by any licensing jurisdiction other than Kentucky? If YES, where and when? YES NO
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11. 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.
12. 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.
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13. Have you ever been named as a defendant to a civil suit related to your profession (i.e., malpractice)? If yes, please list where and when. YES NO
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14. 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 or audiology? If YES, please explain. YES NO
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15. 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? If YES, please explain. YES NO
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16. Are you currently being treated for alcohol or other substance use? YES NO
If YES, please explain.
17. Are you under an adjudication or other diversion agreement which suspends or defers sentencing for a crime? If YES, give details and attach supporting documentation YES NO
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SECTION 3. PROFESSIONAL EXPERIENCE (Begin with Current Position)

Employed From Month: _____ From Year: _____

To Month: _____ To Year: _____

Title or Position: _____ Hours Per Week: _____ Full-Time Part-Time

Name of Employer: _____

Address of Employer: _____

Describe your duties:

Employed From Month: _____ From Year: _____

To Month: _____ To Year: _____

Title or Position: _____ Hours Per Week: _____ Full-Time Part-Time

Name of Employer: _____

Address of Employer: _____

Describe your duties:

SECTION 4. EDUCATION

Undergraduate

School Name/Location:	Dates Attended (Mo./Yr to Mo./Yr)	Graduation (Mo./Yr)	Credit Hrs.
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_____	_____	_____	_____
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Degree 1: _____ Degree 2: _____

Degree 3: _____ Degree 4: _____

School Name/Location:	Dates Attended (Mo./Yr to Mo./Yr)	Graduation (Mo./Yr)	Credit Hrs.
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_____	_____	_____	_____
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Degree 1: _____ Degree 2: _____

Degree 3: _____ Degree 4: _____

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Graduate

School Name/Location:	Dates Attended (Mo./Yr to Mo./Yr)	Graduation (Mo./Yr)	Credit Hrs.
_____	_____	_____	_____

Degree 1: _____ Degree 2: _____

Degree 3: _____ Degree 4: _____

School Name/Location:	Dates Attended (Mo./Yr to Mo./Yr)	Graduation (Mo./Yr)	Credit Hrs.
_____	_____	_____	_____

Degree 1: _____ Degree 2: _____

Degree 3: _____ Degree 4: _____

Attach additional sheets for schools if needed.

SECTION 5. PROFESSIONAL CERTIFICATION & PRAXIS EXAM

Do you currently hold the ASHA Certificate of Clinical Competence (CCC)? YES ☐ NO ☐

If yes, documentation of certification from ASHA office must be submitted directly to the Board Office.

Certificate Number: _____ Date Received: _____

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

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

Supervisor's Signature: _____ Date: _____

NO - Attach a statement explaining how your experience varied from the approved PPE

Supervisor's Signature: _____ Date: _____

- 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.

YOU MUST SUBMIT documentation of passing score of Praxis Exam in Speech-Language Pathology and/or Audiology, directly from ETS Board to the Kentucky Board of Speech-Language Pathology and Audiology. PLEASE USE BOARD CODE 7287.

SECTION 6. 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 represent that I have read and understand the laws and regulations related to licensure in Speech Language Pathology and Audiology.

Signature (Required) : _____ Date: _____