SUMMARY OF MATERIALS INCORPORATED BY REFERENCE
201 KAR 17:012E

The "Application for License", July 2013, is the form used for applicant for speech-language pathology licensure, and is incorporated by reference.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE
201 KAR 17:012E

The "Application for Licensure", DPL-SLPA-4, July 2026, consisting of four (4) pages, is incorporated by reference and has been amended to add the requirement of a criminal background investigation by the FBI and KSP, and to update the formatting for compliance with the Americans with Disabilities Act.

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, h clared your intention to become a] Yes [ ] No
6. Date of Birth: _____
7. Have you ever applied for permanent or interim lic peech-Language 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 held a license in Speech-Language Pathology or Audiology
9. Have you ever had a license denied, suspended or revoked in an e you ever received a reprimand as a result of unethical, immoral or illegal conduct by any licensure board or agency? [ ] Ye s, explain: _____
   _____
10. Have you ever been convicted of a felony? _____ plain: _____
    _____

11. PROFESSIONAL EXPERIENCE (Begin with C ion)

Employed: From Mo. _____ Yr. _____ To Mo _____ [ ] Full-Time [ ] Part-Time _____hrs./wk Title or Position _____ Name of Employer _____ Address of Employer _____	Describe You _____
Employed: From Mo. _____ Yr. _____ To Mo. _____ Yr. _____ [ ] Full-Time [ ] Part-Time _____hrs./wk Title or Position _____ Name of Employer _____ Address of Employer _____	Describe Your Duties _____

EDUCATION

201 KAR 17:012E
DIRTY
FILED: JULY 16, 2020

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 must be submitted directly to the 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 professional experience (PPE) completed?

    [ ] Yes
    Supervisor's Signature: _____ License Number _____

    [ ] No; attach a statement explaining how your experience differed 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 you are applying for. . Full-time is defined as a minimum of thirty five (35) clock hours of work for at least thirty weeks. A part time equivalent shall 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 _____

Revised 1/2012

201 KAR 17:012E
DIRTY
FILED: JULY 16, 2026

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 | Website: SLP.ky.gov| Email: slpa@ky.gov

APPLICATION FOR LICENSURE

Application type (check all that apply):

[ ] Speech-Language Pathology [ ] Audiology

INSTRUCTIONS

1. Please send a payment by check or money order made payable to the Kentucky State Treasurer for:
   a. The fee of $150 ($50 application fee/$100 licensure fee);
   b. If you currently hold an Interim License in Kentucky, the fee is $100 (licensure fee only); or
   c. If applying for dual licensure, the fee is $300 ($100 application fee/$200 licensure fee).
   d. DO NOT SEND CASH.
2. 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.
3. 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.
4. DO NOT SEND CASH.
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: _____

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: _____

201 KAR 17:012E
CLEAN
FILED: JULY 16, 2026

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.

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

   _____

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

   _____

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

   _____

4. Do you currently hold another professional license or credential? If yes*, list the license(s) and state(s): _____ YES NO

   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

   _____

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

   _____

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

   _____

8. Have you ever voluntarily surrendered a professional license or certification? If yes, list where and when. YES NO

   _____

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

10 Is there any disciplinary action pending against you by any licensing jurisdiction other than Kentucky? If YES, where and when? YES NO

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 contendre (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.

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

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

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

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

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.

_____ _____ _____ _____

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: _____

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: _____