SUMMARY OF MATERIALS INCORPORATED BY REFERENCE
201 KAR 17:034E

The "Application for Licensure", July 2013, is the form created for application for licensure for all license types, and is incorporated by reference.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE 201 KAR 17:034E

(1)The following material is incorporated by reference:

(a) "Application for Licensure Speech-Language Pathology Assistant", form DPL-SLPA-10, July 2026, consisting of four (4) pages, is the form created for application for licensure for a speech-language pathology assistant, and was not previously incorporated by reference.

201 KAR 17:034E
DIRTY
FILED: JULY 16, 2026

KENTUCKY BOARD OF
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
P.O. BOX 1360
FRANKFORT, KENTUCKY 40602
http://slp.ky.gov

APPLICATION FOR LICENSE
SPEECH-LANGUAGE PATHOLOGY ASSISTANT

FOR OFFICE USE ONLY:
Date:_____
Amount: _____
[ ]Approved [ ]Denied
[ ]Deferred
Comments: _____
_____
Member Initial:_____

1. Name: _____ S.S. #: _____

2. Name as it appears of transcript: _____

3. Address: _____
Street City State Zip Code

4. Telephone: Home ( ) _____ Work ( ) _____ Cell ( ) _____

5. U. S. Citizen: [ ] Yes [ ] No ve you declared your intention t a citizen? [ ] Yes [ ] No

6. Date of Birth: _____ Email _____

8. Have you ever applied for licensure in Speech e Pathology in ? [ ] Yes [ ] No
If yes, give license number and/or reason for de _____

9. 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

10. Have you ever had a license denied, suspended or revoke or have you ever received a reprimand as a result of unethical, immoral or illegal conduct by any licensure [ ] Yes [ ] No If yes, explain: _____
_____

11. Have you ever been convicted of a felony? [ ]] No If y : _____
_____

12. Professional Experience (Begin with Curr on)

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

Name _____

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 [illegible]. No action will be taken on your appli[illegible] until necessary transcripts are received.

13. Work Setting – School System: _____ School [illegible] _____

    Address: _____
    Street [illegible] City State Zip Code

14. Licensees must provide a Postgraduate Professiona[illegible]nce R[illegible]pleted by each Speech-Language Pathologist who has provided supervision during your interim licensure p[illegible]

15. Licensees must submit the Postgraduate Professional Exp[illegible]luation Form completed by each Speech-Language Pathologist who has provided supervision during your int[illegible]re period.

16. An initial licensure fee of $75.00 must be attached to [illegible] mailed to the following address: P.O. Box 1360, Frankfort, Kentucky, 40602. All checks or money [illegible]ould [illegible]ayable to the ***Kentucky State Treasurer***. **DO NOT SEND CASH.**

AFFIDAVI[illegible]

I do hereby swear or affirm that the above statem[illegible] by me on this ap[illegible]re true, complete and correct to the best of my knowledge. I represent that I have read and und[illegible]e laws and regulation[illegible]o licensure as a Speech-Language Pathology Assistant.

APPLICANT'S SIGNATURE: _____ [illegible]E: _____

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 Statues 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)

201 KAR 17:034E
CLEAN
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) 892.4254 | Fax: (502) 564.4818 | BDN.ky.gov | dn@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 Name: _____

Mailing Address: Street _____ City: _____ State: _____ Zip Code: _____

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

Telephone Number: _____ Email Address: _____

D.O.B. _____ SSN (Last 4): _____ 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? If yes, give license number and/or status of license or application: 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. 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.

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? If yes, explain. YES NO

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

6. Are you a member of the military or a military spouse? 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. 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 been convicted, pled guilty, or pled nolo contendre (no contest) to a felony conviction, whether or not sentence was imposed or suspended? 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. YES NO

9. Have you ever been named as a defendant to a civil suit related to your profession? If yes, please list where and when. YES NO

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? If YES, please explain. YES NO

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? If YES, please explain. YES NO

12. Are you currently being treated for alcohol or other substance use? If YES, please explain. YES NO

13. 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 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) _____

Program: _____ Degrees: _____

Graduation Date (Month/Year): _____ Hours Obtained: _____

2. Graduate

School Name and Location: _____ Dates Attended (To/From): _____

Program: _____ Degrees: _____

Graduation Date (Month/Year): _____ Hours Obtained: _____

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 Statues 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