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

11. PROFESSIONAL EXPERIENCE (Begin with C[illegible]ion)

Employed: From Mo. _____ Yr. _____ To Mo[illegible] _____ [ ] Full-Time [ ] Part-Time [illegible] _____hrs./wk Title or Position _____ Name of Employer _____ Address of Employer _____	Describe You[illegible] _____ _____ _____ _____ _____
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 17:036
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 ASH[illegible]ust be submitted directly to [illegible] Office.

    [ ] No
    (See Item 13)

13. If you do not hold the ASHA Certificate of Clinical Co[illegible]CC):

    a.
    - If you hold an Interim License: Was original plan of p[illegible]ofessional experience (PPE) completed?

    [ ] Yes
    Supervisor's Signature: _____ Number _____

    [ ] No; attach a statement explaining how your exp[illegible]f[illegible] approved PPE
    Supervisor's Signature: _____ Lic[illegible]r _____

    - If you do not hold an Interim License:

    Submit written evidence from a licensed and/[illegible] speech-language[illegible]t or audiologist supervisor of 1260 hours of full time professional employment or its part time e[illegible]ertinent to the license [illegible]t. . Full-time is defined as a minimum of thirty five (35) clock hours of work for at least thirt[illegible] weeks. A part time equiva[illegible]onsist of 1260 hours earned over no more than 24 months.

    *In the event that part-time emplo[illegible]ed to fulfill a part of the PPE, 100% o[illegible]m hours of the part-time work per week requirement must be spent in dir[illegible]onal 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 _____