



Application Checklist for Speech-Language Pathologists *Certification of Clinical Competence*

Visit our [Frequently Asked Questions](#) page (link available under the Applicant/Registrant tab) for more information.

If you need additional assistance, please email the Board at speechandhearing@dca.ca.gov

1. Application

- Please remember to attach a 2x2 passport-quality photograph and provide an original signature.
- Please answer all questions.

2. Fees

- Please submit a check or money order to the Board in the amount of \$150.00, made payable to SLPAHADB.

3. Verification of Certification Letter from ASHA

- Please include the letter in the ASHA-sealed envelope with your application.

4. Fingerprints - DOJ and FBI clearances must be received prior to issuance of the license

- California applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed Live Scan form to the Board. Fees are paid directly to the Live Scan operator.
- Out-of-State applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee). You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab.
 - One (1) check or money order in the amount of \$199 (\$150 application/licensing fee and \$49 fingerprint processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

NOTE: Except for Audiology students, experience that was completed in California after June 30, 2003, without holding a RPE temporary license, will not be approved. Please refer to the Business and Professions Code section 2532.7(b).

If your certification was issued based on the Mutual Recognition Agreement, then you do not qualify for this option. You must apply as a foreign-educated applicant.



APPLICATION FOR LICENSURE

CERTIFICATE OF CLINICAL COMPETENCE

\$150.00

IMPORTANT: You must hold a current Certificate of Clinical Competence (CCC) issued by the American Speech-Language-Hearing Association (ASHA) in order to complete this application.

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. Make check or money order payable to: SLPAHADB

APPLICATION IS FORMATTED TO BE TYPED. MAY ALSO BE HANDWRITTEN LEGIBLY.

| | | | |
|--|------|--------------------------------|--------|
| 1. FULL NAME: | LAST | FIRST | MIDDLE |
| 2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN): | | | |
| 3. STREET ADDRESS | CITY | STATE | ZIP |
| 4. PERSONAL TELEPHONE: | | BUSINESS TELEPHONE: | |
| 5. SOCIAL SECURITY NUMBER (SSN): | | 6. DATE OF BIRTH: (MM/DD/YYYY) | |
| 7. EMAIL ADDRESS: | | | |
| 8. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence with the application that the applicant is serving as an active duty member of the armed forces for the United States or was honorably discharged (DD-214). | | | |
| 9. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA AND DO YOU HOLD A VALID LICENSE TO PRACTICE IN ANOTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| By checking yes, you may qualify for expedited application processing and waiver of the associated application fee. An applicant for expedited application processing and fee waiver must meet the following requirements: 1) provide satisfactory evidence with the application that you are married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the United States who is assigned to a duty station in California under official active duty orders; and 2) hold a current license in another state, district, or territory of the United States in Speech-Language Pathology and provide evidence of the license with the application. | | | |
| 10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW. | | | |
| Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| <ul style="list-style-type: none"> • You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; • You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or, • You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/ interpreters or those who worked for or on behalf of the United States government. | | | |
| If you selected yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays. | | | |

**ATTACH 2" X 2"
 PASSPORT QUALITY
 PHOTOGRAPH HERE.**

MUST BE AN ACTUAL PHOTOGRAPH,
 NOT A PAPER COPY.

PHOTOGRAPHS MUST BE TAKEN
 WITHIN 60 DAYS OF THE FILING DATE
 OF THIS APPLICATION

PRINT YOUR FULL NAME ON THE
 BACK OF THE PHOTOGRAPH

| | | | | |
|---|------------|----------------------|-----------------|----------------------|
| 11. GRADUATE PROGRAM(S) | | | | |
| INSTITUTION NAME | CITY/STATE | MAJOR FIELD OF STUDY | DEGREE RECEIVED | DATE DEGREE RECEIVED |
| | | | | |
| | | | | |
| 12. Education: Master's Degree <input type="checkbox"/> Master's Degree Equivalency <input type="checkbox"/> | | | | |
| 13. EMPLOYER: | | | | |
| EMPLOYER'S ADDRESS: | | | | |

| | YES | NO |
|---|-----|----|
| 14. Please provide your 8-digit ASHA account number _____. | | |
| 15. In what state was your supervised professional experience or Clinical Fellowship Year? State: _____ Year _____ <i>If it was completed in California after June 30, 2003, then you may not qualify for this application option. Please complete and submit the Required Professional Experience Verification Form.</i> | | |

| | YES | NO |
|--|--------------------------|--------------------------|
| 16. Have you ever been the subject of a disciplinary action or have any <i>pending</i> disciplinary action taken, or charges filed against, any Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts license, including any disciplinary action taken by any other state or federal government entity? <i>This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you had any pending investigations by any state or federal agencies against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you been denied a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts profession, in any state or country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you voluntarily surrendered a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts, in another state or country? | <input type="checkbox"/> | <input type="checkbox"/> |

You must report to the Board the result of any actions which have been filed, or are pending, against any Speech-Language Pathology, audiology, or hearing aid dispensers license you hold at the time of filing this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480(c) of the Business and Professions Code.

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application or for suspension or revocation of a license.

Applicant's Signature

Date

Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation. Your license may be suspended if your tax obligation is not paid.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0437

ORI (Code assigned by DOJ)

Speech Pathologist

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Agency Authorized to Receive Criminal Record Information

1601 Response Road, Suite 260

Street Address or P.O. Box

Sacramento

City

CA

State

95815

ZIP Code

License

Authorized Applicant Type

06187

Mail Code (five-digit code assigned by DOJ)

N/A

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex Male Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

Applicant Must Pay At Site

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: 7700 SLP/AU

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Not Applicable

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Name of Operator

Date

Transmitting Agency

LSID

ATI Number



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)