Application Checklist for
Speech-Language Pathology Assistant (SLPA)

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

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

Items 1-6 are required for the issuance of a SLPA registration.

1. **Application**
   - Please answer all questions.

2. **Fees**
   - $50 check or money order to the Board, made payable to SLPAHADB.

3. **Official Paper Transcripts**
   - Must be mailed to the Board in an envelope sealed by the university/institution.
   - The Board also accepts electronic transcripts sent directly from the registrar's office or official transcript service.

5. **Verification Form (submit only one of these forms)**
   - Fieldwork Experience Verification Form (two-year SLPA program/Associate's program)
   - Fieldwork Experience Verification Form (Bachelor's program with fieldwork course)
   - Out-of-State Work Experience Form (Bachelor's program)

6. **Fingerprints**
   - California applicants are required to use Live Scan for fingerprinting; 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 (DOJ and FBI processing fee). You may find a link to the fingerprint cards on our website under the Forms/Publications tab.
     - **Please note:** one (1) check or money order in the amount of $99 ($50 licensing fee and $49 fingerprint card processing fee) may be submitted; made payable to SLPAHADB.

*Item listed below required **after** the SLPA registration is issued, prior to performing SLPA duties.*

Supervisor Responsibility Statement – This form is to be completed with your supervisor upon employment as a SLPA. The form must be sent to the Board within thirty (30) days of the commencement of supervision.

- Please note, although the Board may issue your SLPA registration, you cannot perform the duties and functions of a SLPA until you have an approved supervisor on file with the Board.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

Speech-Language Pathology Assistant
APPLICATION FOR REGISTRATION
$50.00

INSTRUCTIONS: Do not print this application double-sided. Do not use white-out. Any corrections to this form must be crossed out and initialed. The completed application form must be **mailed** to the Board.

QUALIFYING EDUCATION (Check only one): ☐ Associate's Degree ☐ Bachelor's Degree

Please type or print legibly.

1. FULL LEGAL NAME: LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. STREET ADDRESS	CITY	STATE	ZIP
4. PHONE:			
5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):	6. DATE OF BIRTH: (MM/DD/YYYY)		
7. EMAIL ADDRESS:			

MILITARY AND EXPEDITE INFORMATION	YES	NO
8. ARE YOU CURRENTLY SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE MILITARY?	☐	☐
9. HAVE YOU SERVED AS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE U.S. AND WERE HONORABLY DISCHARGED? 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 has served as an active duty member of the Armed Forces of the United States and was honorably discharged (DD-214).	☐	☐
10. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA AND DO YOU HOLD A VALID LICENSE IN ANOTHER STATE OF THE SAME TYPE AS THE ONE FOR WHICH YOU ARE APPLYING IN CALIFORNIA? By checking yes, you may qualify for expedited application processing and waiver of the associated fee. An applicant for expedited application processing must meet both of the following requirements: 1) supplies 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 military orders; and 2) holds 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.	☐	☐
11. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST WITH, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW. Do any of the following statements apply to you? If you select yes, then you must submit the appropriate supporting document(s). • 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. • 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.	☐	☐
12. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, BEGINNING JULY 1, 2024, THE BOARD/BUREAU SHALL EXPEDITE THE INITIAL LICENSURE PROCESS FOR AN APPLICANT WHO IS AN ACTIVE DUTY MEMBER OF THE US ARMED FORCES AND ENROLLED IN THE US DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM. Do you request expediting of your application under this authority? If you select YES, you must attach documentation of enrollment to this application.	☐	☐

EDUCATION AND EXPERIENCE INFORMATION

13. EDUCATIONAL INSTITUTION: List name and location of all satisfactorily completed undergraduate education. You must have official transcripts mailed to the Board in an envelope sealed by the university from each institution.

INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	TYPE OF DEGREE RECEIVED	DATE DEGREE RECEIVED

	YES	NO
14. QUALIFYING FIELDWORK EXPERIENCE: The applicant must submit evidence of completion of the required fieldwork experience or employment work experience in conjunction with academic course requirements. *A fieldwork experience verification form must be completed and submitted with this application.* **Please check only one of the appropriate qualifying fieldwork experiences:**	**YES**	**NO**
Fieldwork from Board Approved SLPA Program/Associate's Degree Program	☐	☐
Fieldwork from Bachelor's Degree Program	☐	☐
Out-of-state work experience	☐	☐
15. Have you ever been licensed to practice Speech-Language Pathology, Audiology, or Hearing Aid Dispensing in any other state or country? If yes, please list the state or country: _____ If yes, please list your license numbers: _____	☐	☐
DISCIPLINARY INFORMATION *A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.*	**YES**	**NO**
16. Have you ever been the subject of a disciplinary action or have any *pending* 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? *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.*	☐	☐
17. Have you had any pending investigations by any state or federal agencies against you?	☐	☐
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?	☐	☐
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?	☐	☐

You must report to the Board the result of any actions which have been filed or are pending against any speech-language pathology or audiology 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 _____

INFORMATION COLLECTION AND ACCESS: The information requested on this application is mandatory and will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory, and collection is authorized by Business and Professions section 30. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of $100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.

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Speech-Language Pathology Assistant
FIELDWORK EXPERIENCE VERIFICATION FORM
SPEECH-LANGUAGE PATHOLOGY ASSISTANT ASSOCIATE'S DEGREE PROGRAMS

INSTRUCTIONS: Complete all sections of the form and submit to college or university for verification. Do not use white-out. Any corrections to this form must be crossed out and initialed. The current training program director/coordinator must sign this form. The completed form must be **mailed** to the Board.

APPLICANT'S NAME:	
UNIVERSITY OR COLLEGE:	
TRAINING PROGRAM DIRECTOR: (LAST, FIRST):	
TRAINING PROGRAM DIRECTOR EMAIL:	

SUPERVISOR'S FULL NAME & LICENSE NUMBER	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE (MM/DD/YYYY) FROM	TO	HOURS EARNED
			GRAND TOTAL:	

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

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Speech-Language Pathology Assistant
FIELDWORK EXPERIENCE VERIFICATION FORM
UNDERGRADUATE DEGREE PROGRAM

INSTRUCTIONS: Complete all sections of the form and submit to college or university for verification. Do not use white-out. Any corrections to this form must be crossed out and initialed. The current training program director/coordinator must sign this form. The completed form must be **mailed** to the Board.

APPLICANT'S NAME:	
UNIVERSITY OR COLLEGE:	
TRAINING PROGRAM DIRECTOR: (LAST, FIRST):	
TRAINING PROGRAM DIRECTOR EMAIL:	

SUPERVISOR'S FULL NAME & LICENSE NUMBER	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE (MM/DD/YYYY) FROM	TO	HOURS EARNED
		GRAND TOTAL:		

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

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Speech-Language Pathology Assistant
OUT-OF-STATE WORK EXPERIENCE VERIFICATION FORM
BACHELOR'S DEGREE HOLDERS

INSTRUCTIONS: Do not print this form double-sided. Complete all sections of the form and send to employer and supervisor for verification of information. You must complete a separate form for each employer. ***Work experience completed while working in the capacity of a registered speech-language pathology aide under direct supervision does not qualify under this provision.***

APPLICANT'S NAME:		
ADDRESS OF RECORD:		
EMPLOYER'S NAME*:		
EMPLOYER'S ADDRESS		
POSITION TITLE:		
DATES OF EMPLOYMENT:	FROM (MM/YYYY):	TO (MM/YYYY):
TOTAL HOURS PER WEEK WORKED:		
*IF EMPLOYER IS A NON PUBLIC AGENCY OR NON PUBLIC SCHOOL, YOU MUST ATTACH AN EMPLOYMENT VERIFICATION LETTER.		

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE RESPONSIBLE SUPERVISOR AND/OR EMPLOYER.

Explanation of Supervision Types:
Immediate Supervision - In view and requires the supervising Speech-Language Pathologist to be physically present.
Direct Supervision - Supervisor is onsite and available for in-person consultation and oversight.
Indirect Supervision - Supervisor available for consultation via telephone or other electronic means.

LIST ALL DUTIES/TASKS PERFORMED BY THE APPLICANT **BE SPECIFIC (Attach Additional Pages If Needed)**	TYPE OF SUPERVISION PROVIDED FOR EACH DUTY/ TASK PERFORMED: (IMMEDIATE, DIRECT, INDIRECT, OR NONE)

YOU MUST PROVIDE THE FOLLOWING INFORMATION FOR THE RESPONSIBLE SUPERVISOR:
*If you hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech, and hearing **you must attach a copy of the credential (front and back).** If you hold a license in another state or ASHA certification you must attach proof.

PRINT SUPERVISOR'S FULL NAME:	
LICENSE NO. OR CREDENTIAL NO.	
ADDRESS OF RECORD:	
TELEPHONE NO.:	

I certify that all work experience listed on this form was completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

SIGNATURE OF EMPLOYER/HUMAN RESOURCES DIRECTOR _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____