



Application Checklist for Speech-Language Pathologist *Previously Licensed in California*

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

1. Application

- 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. National Exam Score

- Effective 09/01/2014, minimum passing score of 162
 - Must have been within the five years prior to application filing.
 - Must be sent electronically from ETS to Board reporting code 8544.
- If you passed the Praxis greater than five years ago, under Title 16 California Code of Regulations section 1399.152.3 you may qualify for an exemption from this requirement.
 - To qualify, you must have been continuously employed as a licensed speech pathologist in another state for at least the three years preceding submission of your application.
 - If you do not have three years of continuous employment, continuing education in the field you have completed in the last three years may also be considered, on a case-by-case basis.

4. Fingerprints

- California applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed form to the Board. Fees are paid directly to the Live Scan operator.
- Out-of-State applicants are required to submit two fingerprints cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee) with the application. 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 card processing fee) may be submitted. Please make check or money order payable to SLPAHADB.



Speech-Language Pathologist APPLICATION FOR LICENSURE PREVIOUSLY LICENSED IN CALIFORNIA \$150.00

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. Make check 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. RESIDENCE TELEPHONE:		BUSINESS TELEPHONE:	
5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):		6. DATE OF BIRTH: (MM/DD/YYYY)	
7. EMAIL ADDRESS:			
8. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED VETERAN? YES ☐ NO ☐ 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 <u>with the application</u> 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 ☐ NO ☐ By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide satisfactory evidence <u>with the application</u> 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; <u>and</u> 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 <u>with the application</u> .			
10. 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? YES ☐ NO ☐ - 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, then you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so will result in application review delays.			
11. 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? YES NO ☐ If you select YES, you must attach documentation of enrollment to this application.			

12. GRADUATE PROGRAM(S)				
INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED
EDUCATION AND EXPERIENCE:				
13. Education: Master's Degree ☐ Master's Degree Equivalency ☐				
14. EMPLOYER:				
EMPLOYER'S ADDRESS:				
			YES	NO
15. Have you passed the Educational Testing Service (ETS)/National Teacher Examination (NTE) (The Praxis Series) in Speech-Language Pathology within the last five years?				
a. If 15 is answered No, then: have you been continuously employed in the field for which licensure is sought working not less than (15) hours per week during the (3) years preceding the application filing while maintaining a license in the state where the applicant was employed? If 15a is answered Yes, then submit an employment verification letter on company/school letterhead signed by the Employer or HR Director that includes job title, date range of employment, and hours worked per week.				
b. If 15a is answered No, then have you completed continuing education related to speech-language pathologist in the last three (3) years? If 15b answered Yes, then submit certificates of completed continuing education in speech-language pathology within the last 3 years.				
16. 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: _____				
17. Do you have an active and current ASHA Certificate of Clinical Competence? Please provide your 8-digit ASHA account number _____.				
18. 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>				
DISCIPLINARY INFORMATION A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.			YES	NO
19. 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>				
20. Have you had any pending investigations by any state or federal agencies against you?				
21. 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?				
22. 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, audiology, or hearing aid dispensing 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.