



Application Checklist for Speech-Language Pathology *Equivalent Qualifications* (US Graduates)

1. Application

2. License Fees

- Check or Money Order to Board for \$60. made payable to SLPAHADB.

3. Verification of Certification Letter from ASHA

- Original letter must be mailed from ASHA to our Board

4. Fingerprints

- California applicants must use Livescan; send a copy of your form to the Board. Fees are paid directly to Livescan Operator.
- If out-of-state, send two fingerprint cards (FD 258) and a check or money order to Board for \$49 to cover DOJ and FBI. You may submit one check or money order in the amount of \$109. made payable to SLPAHADB.

NOTE:

If you completed your CFY/RPE in California prior to June 30, 2003 you must complete our [RPE Verification form](#). You must also provide proof that your supervisor was licensed or ASHA certified at the time of your experience. Experience that was completed after July 1, 2003 without holding a RPE temporary license will not be approved. Please refer to the Business and Professions Code section 2532.7.

If your certification was issued based on the [Quadrilateral Mutual Recognition Agreement](#) you do not qualify for this option.

*If you are a current license holder in another state **and** the spouse or domestic partner of an active duty member of the U.S. Armed Forces, your license application may be expedited.*

- Must submit proof of your marriage certificate or legal union.
- Must submit copy of active duty military orders for assignment to a California duty station.
- Must submit proof of your current license that you hold in another state in the profession for which you are applying.

If you meet these qualifications, please include these additional documents with your application packet along with note indicating your active duty status.



APPLICATION FOR LICENSURE (CERTIFICATE OF CLINICAL COMPETENCE)

OFFICE USE ONLY	
RECEIPT #:	
ATS #:	
AMOUNT PAID:	
DATE CASHIERED:	

IMPORTANT: TO QUALIFY FOR LICENSURE WITH EQUIVALENT QUALIFICATIONS YOU HOLD A CURRENT CERTIFICATE OF CLINICAL COMPETENCE ISSUED BY THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION. IF YOUR CERTIFICATION WAS ISSUED UNDER THE GUIDELINES OF THE QUADRILATERAL MUTUAL RECOGNITION AGREEMENT YOU DO NOT QUALIFY FOR THIS PACKET.

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 AND YOUR LICENSE MAY BE SUSPENDED IF THE STATE TAX OBLIGATION IS NOT PAID.

INSTRUCTIONS: ANY CORRECTIONS TO THIS FORM MUST BE STRICKEN AND INITIALED. DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS APPLICATION! IF ANY SECTIONS ARE NOT COMPLETE, THIS APPLICATION WILL BE RETURNED. YOU MUST INCLUDE A CHECK OR MONEY ORDER FOR \$60.00 ALONG WITH THIS APPLICATION.

SPEECH-LANGUAGE PATHOLOGY ____ **AUDIOLOGY** ____ **DISPENSING AUDIOLOGIST** ____

PLEASE TYPE OR PRINT NEATLY

1. FULL NAME:	LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. *ADDRESS: STREET			
CITY, STATE, ZIP CODE			
4. RESIDENCE TELEPHONE:		BUSINESS TELEPHONE:	
5. SOCIAL SECURITY NUMBER:		DATE OF BIRTH: (MM/DD/YYYY)	
EMAIL ADDRESS:			
6. EDUCATION:			
MASTER'S DEGREE ____		MASTER'S DEGREE EQUIVALENCY ____ AU.D. DEGREE OR AU.D. STUDENT ____	
7. EMPLOYER:			
STREET ADDRESS:		CITY, STATE, ZIP CODE:	

8. GRADUATE AND UNDERGRADUATE PROGRAMS.

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

*YOUR ADDRESS IS PUBLIC INFORMATION AND WILL BE PLACED ON THE INTERNET.

<p>9. HAVE YOU TAKEN THE PRAXIS SERIES EXAMINATION IN SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY? YES _____ NO _____</p>
<p>10. HAVE YOU HELD CONTINUOUS ASHA CERTIFICATION? YES _____ NO _____ IF NO, YOU MUST PROVIDE DATE YOU TOOK THE PRAXIS EXAM: _____ / _____ AND YOUR SCORE: _____ MONTH / YEAR (MINIMUM SCORE OF 600 REQUIRED)</p>
<p>11. IN WHAT STATE WAS YOUR SUPERVISED PROFESSIONAL EXPERIENCE, CFY, OR 4TH YEAR EXTERNSHIP COMPLETED? _____</p> <p><small>IF IT WAS COMPLETED IN CALIFORNIA YOU WILL BE REQUIRED TO SUBMIT A REQUIRED PROFESSIONAL EXPERIENCE VERIFICATION FORM.</small></p>
<p>12. WAS YOUR ASHA CERTIFICATION ISSUED UNDER THE GUIDELINES OF THE QUADRILATERAL MUTUAL RECOGNITION AGREEMENT? YES _____ NO _____ <small>IF YES, THIS IS THE WRONG APPLICATION PACKET. YOU MUST USE THE REQUIRED PROFESSIONAL EXPERIENCE PACKET (FOREIGN GRADUATES).</small></p>
<p>13. DO YOU HAVE ANY PENDING OR HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN OR CHARGES FILED AGAINST A SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, HEARING AID DISPENSING, OR OTHER HEALING ARTS LICENSE? INCLUDE ANY DISCIPLINARY ACTIONS TAKEN BY ANY STATE OR OTHER U.S. FEDERAL GOVERNMENT ENTITY. YES _____ NO _____ IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM <small>DISCIPLINARY ACTION INCLUDES, BUT IS NOT LIMITED TO, SUSPENSION, REVOCATION, PROBATION, CONFIDENTIAL DISCIPLINE, CONSENT ORDER, LETTER OF REPRIMAND OR WARNING, OR ANY OTHER RESTRICTIONS OF ACTION TAKEN AGAINST A SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY LICENSE.</small></p>
<p>14. ARE THERE ANY PENDING INVESTIGATIONS BY ANY STATE OR FEDERAL AGENCIES AGAINST YOU? YES _____ NO _____ IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM</p>
<p>15. HAVE YOU EVER BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, HEARING AID DISPENSING, OR OTHER HEALING ARTS LICENSE, WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD? YES _____ NO _____ IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM</p>
<p>16. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, HEARING AID DISPENSING, OR OTHER HEALING ARTS, IN ANY STATE? YES _____ NO _____ IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM</p>
<p>17. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, HEARING AID DISPENSING OR OTHER HEALING ARTS IN ANOTHER STATE? YES _____ NO _____ IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM</p>
<p>18. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$300 OR LESS) YES _____ NO _____ IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM <small>YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND/OR DISMISSED UNDER PENAL CODE SECTION 1203.4 OR UNDER ANY OTHER PROVISION OF THE LAW.</small></p>
<p>19. AUDIOLOGY APPLICANTS ONLY, DO YOU WISH TO DISPENSE HEARING AIDS? YES _____ NO _____ IF YES, COMPLETE THE HEARING AID DISPENSER WRITTEN LICENSE EXAMINATION APPLICATION</p>

YOU MUST REPORT TO THE BOARD THE RESULT OF ANY ACTIONS WHICH HAVE BEEN FILED OR WERE PENDING AGAINST ANY SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY LICENSE YOU HOLD AT THE FILING OF 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.

**ATTACH 2" X 2" OR 3" X 3"
PASSPORT QUALITY
PHOTOGRAPH HERE. YOU
MUST PRINT YOUR FULL NAME
ON THE BACK OF THE
PHOTOGRAPH. THE
PHOTOGRAPH MUST HAVE
BEEN TAKEN WITHIN THE 60 DAYS
OF THE FILING DATE OF THIS
APPLICATION.**

**PHOTOS PRINTED
ON WHITE BOND PAPER ARE
NOT ACCEPTABLE.**

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.

DATE: _____

SIGNATURE: _____

(SIGNATURE MUST BE IN BLUE INK)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ)
_____ Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions)
_____ City _____ State _____ Zip Code _____ () _____ Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box

SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

_____ Employer Name
_____ Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ)
_____ City _____ State _____ Zip Code _____ () _____ Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Name of Operator _____ Date _____

_____ Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

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SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service DOJ FBI

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

_____ Employer Name
_____ Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ)
_____ City _____ State _____ Zip Code _____ () _____ Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Name of Operator _____ Date _____

_____ Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ **CDL No.** _____
Last First

DOB: _____ **SEX:** Male Female **Misc. No. BIL -** _____
Agency Billing Number (if applicable)

HT: _____ **WT:** _____ **Misc. No.** _____

EYE Color: _____ **HAIR Color:** _____ **Home Address:** (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box

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_____		_____
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)
_____		()
City	State	Zip Code
		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ **Date** _____
Name of Operator

_____	_____	_____
Transmitting Agency	ATI No.	Amount Collected/Billed