

Speech-Language Pathologist – Limited License Application Checklist

I. All Applicants Must Submit:

- ___ \$100.00 Fee (make check or money order payable: Board of SLP)
- ___ A recent 2x2 passport size photo
- ___ Signed and Notarized Application
- ___ Completed Law and Regulation Examination

Note: To pass the open book examination, all applicants must score at least 75. Applicants can download the examination from the Board's web site at www.mdboardaudhadslp.org. Use the Forms Link to download a copy of the law examination. To complete the examination, refer to the law and regulation reference number included with the questions. Use the "Regulation" tab on the Board's web site to access the laws and regulations to answer the questions. If you do not have access to a computer, you may contact the Board and request a copy of the examination and the law and regulations. A license will **not** be issued unless the Law and Regulation Examination is passed.

II. Documents To Be Submitted:

- ___ Official Master's Transcript (must show degree awarded or a letter from Department Chair stating that applicant has **completed** all coursework and clinical practicum if transcript does not show degree awarded). Applicant must request educational institution to send the transcript directly to the Board – due to the Board no later than 60 days after limited license has been issued.
- ___ Official Undergraduate Transcript. Applicant must request educational institution to send the transcript to the Board.
- ___ Clinical Fellowship Year Plan (Form AS2)

Note: A Form AS2, Verification of Supervision for Limited Licensure/Clinical Fellowship Year, must be submitted for each place of employment during the period of limited licensure.

Renewal of Limited License as a Speech-Language Pathologist

If an individual that holds a limited license as a speech-language pathologist is unable to obtain at least 9 months of supervised practice as a full time limited licensee, or obtain the specified months of supervised practice as a part-time limited licensee, and/or is unable to complete the items identified in the Competency Skills Checklist the individual may renew the limited license for an additional year. The renewal form and the \$25.00 renewal fee must be submitted at least 30 days prior to the expiration of the limited license. An individual with a renewed limited license is eligible for transfer to a full license provided the minimum number of supervised months has been completed.

If an individual fails to obtain the minimum of 9 months of supervision within the two years of limited licensure the individual must wait an additional year after the expiration of the renewed limited license before the individual can reapply for a limited license as a speech-language pathology assistant.

Transfer of Limited License to Full License

An individual holding a limited license as a speech-language pathologist will be transferred to a full license provided the individual has met all the requirements and the limited licensee has been supervised for at least 9 months. The Form SA3 must be received by the Board no sooner than the 9 months of supervised practice ends and no later than 60 days prior to expiration of the limited license. The limited license does not need to send in another application nor does the limited licensee need to send any fees provided the limited license is still valid and unexpired.

State of Maryland – Department of Health and Mental Hygiene
**Board of Examiners for Audiologists, Hearing Aid Dispensers
and Speech-Language Pathologists**

4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone 410-764-4725 Fax 410-358-0273
TTY-Maryland Relay Service 1-800-735-2258

Limited Speech-Language Pathologist Application

1. Name _____
Last First Middle/Maiden

2. Home Address _____
Street Apt.

_____ City State Zip Code

3. Home Phone _____ Alternate # _____

Email _____

4. Date of Birth _____ Social Security # _____

5. Have you previously been licensed in the State of Maryland? _____ If yes,

License # _____ Date Expired _____

6. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?
If yes, attach full explanation

7. EDUCATION

Undergraduate School _____

Address _____
Street City State Zip Code

Attended _____ to _____ Major _____ Date Degree Awarded _____

Graduate School _____

Address _____
Street City State Zip Code

Attended _____ to _____ Major _____ Date Degree Conferred _____

FOR OFFICE USE ONLY

Received _____ CH () MO () Number _____

**Affix current
2x2 passport
size photo**

8. Employment for Clinical Fellowship Year

Date _____ Title of Position _____

Facility/Company Name _____

Address _____
Street City State Zip Code

Brief description of duties:

9. Affidavit To Be Completed by a Notary Public

I hereby affirm that I have read Sections 2-101 to 2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by the Board.

I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. The fee includes licensure fee.

State of _____ *County/City of* _____

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signature of Applicant Signature of Notary

Subscribed and sworn to before this _____ day of _____.

In accordance with Executive Order 01.01.1093-18, the Board is required to advise you as follows regarding the collection of personal information: Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee’s identity or to enable the Board to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary. Your Social Security Number is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

Race/Ethnic Identification

To further its commitment to equal access the Board of Examiners requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Male _____ Female _____

Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? ____ Yes ____ No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

- 1. ____ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- 2. ____ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- 3. ____ Black or African American (A person having origins in any of the black racial groups of Africa.)
- 4. ____ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 5. ____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SLP Limited

Requirements for Clinical Fellowship Year (CFY)

CFY Time Requirements:

The CFY must be started within two years after completion of the academic coursework and clinical practicum requirements and must then be completed within 24 months. The CFY can be completed either by full-time or part-time professional employment. See the requirements on this sheet for full-time or part-time professional employment to meet the supervised practice requirement.

Full-Time Requirement Is As Follows:

30 or more hours per week for a minimum of 9 months

Part-Time Requirements Are As Follows:

15-19 hours per week – must work a minimum of 18 months

20-24 hours per week – must work a minimum of 15 months

25-29 hours per week – must work a minimum of 12 months

At least 80% of the CFY work must be in direct client contact which includes assessment/diagnosis/evaluation, screening, habilitation/rehabilitation, and activities related to client management.

Form AS2:

An applicant for a Limited License shall submit a Form AS2, Verification of Supervision for Limited License Clinical Fellowship Year, with the application to the Board. **The applicant may not begin practicing until the Limited License Application is approved by the Board.** A Limited License authorizes the applicant to practice only in the setting and under the supervision of the person specified on the Form AS2.

CFY Supervision Requirements:

The supervisor shall provide a minimum of 36 hours of supervisory activities during the clinical fellowship to include a minimum of two hours of other monitoring activities each month.

Form AS3:

Upon completion of the CFY, the Limited Licensee shall submit to the Board a **Form AS3**, Verification of Satisfactory Completion of CFY, completed by the supervisor. If the CFY was conducted in more than one setting, or under more than one supervisor, a separate Form AS3 must be submitted for each setting or supervisor. A copy of the National exam scores, if not previously submitted, must also be sent to the Board.

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**Verification of Supervision for Speech-Language Pathologist
Limited License Clinical Fellowship Year**

1. Applicant (Please type or print)

A. Name: _____
Last First Middle/Maiden

B. Address: _____
Street

City State Zip Code

Phone: _____ Alternate # _____

C. Academic Status:

College Degree Date Conferred

D. Employment Setting:

1. Facility Name: _____

2. Address: _____
Street

City State Zip Code

Phone: _____ Fax _____

3. Beginning Date of Employment: _____
Month Day Year

4. Hours per Week spent in Speech-Language Pathology: _____

5. Are you completing a CFY? _____ Yes _____ No

Form AS2

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**Verification of Satisfactory Completion of Speech-Language
Pathologist Clinical Fellowship Year**

I hereby declare that, _____,
Name of Applicant
an applicant for Maryland licensure in speech-language pathology, was employed as a
professional in that field from _____ to _____ for _____
(mm/dd/yyyy) (mm/dd/yyyy)
hours per week.

The place of employment was:

Facility Name

Address City State Zip Code

I further declare that the applicant was supervised by:

Name of Supervisor

At that time the CFY supervisor held:

- () Maryland License in Speech-Language Pathology License, License # _____
() ASHA Certification in Speech-Language Pathology Certificate # _____
() A License in Speech-Language Pathology from State of _____
whose licensure requirements were equivalent to ASHA certification.

**I verify that during the employment period, the applicant reached a satisfactory level of
competence in the area in which licensure is sought.**

Signature of Supervisor

Typed or Printed Name

Title

Date

Current Phone Number

Form AS3