

## Speech-Language Pathologist Full License Application Checklist

### I. All Applicants Must Submit:

- \_\_\_ \$150.00 Fee (check or money order payable to the 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. You can download the examination from the Board's web site at <http://www.dhmh.state.md.us/boardsahs/>. 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 question. 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, call the Board office and the examination and a copy of the law and regulations will be mailed to you. A license will **not** be issued unless the Law and Regulation Examination is passed.

### II. Documents To Be Submitted:

#### **If Applicant Holds or Has Held ASHA-Issued Certificate of Clinical Competency:**

- \_\_\_ Letter of confirmation of CCC from ASHA **or**
- \_\_\_ Copy of ASHA-CCC (a copy of ASHA card is not acceptable)
  
- \_\_\_ Brief Resume (if applicant has been practicing more than 5 years)
- \_\_\_ License affidavit from **all** states in which the applicant is current licensed or has ever been licensed

#### **If Applicant Does Not Have ASHA-Issued Certificate of Clinical Competency:**

- \_\_\_ Official Masters Transcript
- \_\_\_ Official Undergraduate Transcript
- \_\_\_ Praxis Exam Scores
- \_\_\_ Clinical Fellowship Year Plan (Form AS2)
- \_\_\_ Clinical Fellowship Year Verification (Form AS3)

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

**Speech-Language Pathologist Full License Application**

Date \_\_\_\_\_

**Affix current  
2x2 passport size photo**

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? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, License # \_\_\_\_\_ Date Expired \_\_\_\_\_

6. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?  
If yes, please explain on a separate sheet of paper and attach it to the application.

**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 Awarded \_\_\_\_\_

**For Office Use Only**

Received \_\_\_\_\_ CH( ) MO( ) Number \_\_\_\_\_

8. Do you hold, or have you ever held, the American Speech-Language Hearing Association Certificate of Clinical Competence in Speech-Language Pathology? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, date originally granted \_\_\_\_\_

(A) Clinical Fellowship Year completed? \_\_\_\_ Yes \_\_\_\_ No

(B) Praxis Examination in Speech-Language Pathology Passed? \_\_\_\_ Yes \_\_\_\_ No

Note: If applicant does not have ASHA Certification, a certified official transcript showing credit hours in speech-language pathology must accompany this application.

***If you answer no to #8(A) or (B) enclose a professional resume. If you hold a CCC, proceed to # 11. A photocopy of ASHA Certificate or Letter from ASHA must accompany the application.***

9. Employment during Clinical Fellowship Year – submit a Form AS2 for each place of employment during the period of limited licensure.

Date \_\_\_\_\_ Title of Position \_\_\_\_\_

Facility/Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Brief description of duties

---

---

---

10. Supervision of Clinical Fellowship Year

A. Submit Verification of Supervision for Limited Licensure Clinical Fellowship Year (From AS2) or copy of ASHA CFY

B. Submit Verification of Satisfactory Completion of Clinical Fellowship Year (Form AS3)

11. Are you now or have you ever been licensed in any other state? \_\_\_\_ If yes, please complete the first page of the Licensure Affidavit ( AS4). Request the State licensure Board to return the completed form to the Maryland Board office.

I am licensed in the following states \_\_\_\_\_

I was licensed in the following states \_\_\_\_\_

12. Has any disciplinary action ever been taken against your license in any other jurisdiction? \_\_\_\_ Yes \_\_\_\_ No ***If yes, please explain on a separate sheet attached to this application.***

**13. Have this Affidavit 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* \_\_\_\_\_ *City/County 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 Full

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

**Verification of Supervision for  
Speech-Language Pathology Clinical Fellowship Year**

1. Applicant (Please type or print)

A. Name: \_\_\_\_\_  
Last First Middle/Maiden

B. Address: \_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_ Email \_\_\_\_\_

C. Academic Status: \_\_\_\_\_  
College Degree Date Awarded

D. Employment Setting:

1. Facility Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Beginning date of employment: \_\_\_\_\_  
Month Day Year

4. Hours per week spent in Speech-language Pathology? \_\_\_\_\_

5. Is applicant completing a CFY? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Form AS2**



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

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

I hereby declare that \_\_\_\_\_  
Name of Applicant

of \_\_\_\_\_  
Street City State Zip Code

an applicant for Maryland licensure in speech-language pathology, was employed as a  
professional in that field from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ 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 (must be at least one of the following):

- Maryland License in Speech-Language Pathology License # \_\_\_\_\_
- ASHA Certification in Speech-Language Pathology Certificate # \_\_\_\_\_
- A License in Speech-Language Pathology from the 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**

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

**Licensure Board Affidavit**

This portion of the form is to be completed by the speech-language pathologist. Would you please verify the license in your jurisdiction for:

\_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Graduate of \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

***This portion of the affidavit to be completed by the Licensure Board.***

License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

With State Examination \_\_\_\_\_ Without Examination \_\_\_\_\_

Is license in good standing? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has the license ever been suspended or revoked? \_\_\_\_\_ If yes, please explain why:  
Attach a separate sheet

Has the license been reinstated? \_\_\_\_\_

Has any disciplinary action been taken against the licensee? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is there any derogatory information on file concerning this licensee? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Affix Board  
Seal Here

State Board Name \_\_\_\_\_

State of \_\_\_\_\_