



**APPLICATION FOR
GEORGIA STATE BOARD OF SPEECH LANGUAGE PATHOLOGY/AUDIOLOGY
237 Coliseum Drive, Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/speech**

Application Instructions for Licensure as a Speech Language Pathologist or Audiologist

Provided below is a checklist containing all the things you must do to receive consideration for issuance of a Georgia Speech Language Pathology/Audiology License.

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech Language Pathology/Audiology in the State of Georgia. Visit the Board's web site for additional information: <http://www.sos.ga.gov/plb/speech>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in DELAYED processing. Incomplete applications are void after one year.

NOTE: There are 3 methods by which you can obtain SLP/AUD licensure:

IF APPLYING BY "APPLICATION BY CERTIFICATION" (ASHA CCC'S):

The following documents are required:

- Completion of Application
- Fee: \$110
- Background Consent Form
- ASHA Verification of Certification sent directly to the board office
- 2.0 CEU (20 Contact hours) If effective date of certification is not within the two years prior to the date of application

IF APPLYING BY "ENDORSEMENT":

The following documents are required:

- Completion of Application
- Endorsement Fee: \$110
- Out of State License Verification
- Background Consent Form

IF APPLYING BY "APPLICATION/EXAMINATION" (COMPLETION OF PCE OR RPE)

The following documents are required:

- Completion of Application
- Fee: \$110
- Documentation for Completion of Paid Clinical Experience or Required Professional Experience
- Praxis Scores
- Out of State License Verification
- Background Consent Form



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Application Process

1. All application fees are non-refundable
2. All applications and fees must be mailed to:
Georgia State Board of Speech Language Pathology/Audiology
237 Coliseum Drive
Macon, GA 31217
3. The two page application must be mailed to the Board office at the address listed above along with the required fee. Please mail your application in a 9X12, or larger envelope with pages unfolded and unstapled. All questions must be answered.
4. Any background questions answered “yes” will require submission of further documentation. Applicant must submit copies of official court documents and an explanation. If applicant has had any criminal convictions, charges, or sanctions by another state licensing board, please submit documentation mentioned above. These applications are forwarded to the board for review and approval of licensure is at the Board’s discretion.
5. Applicants applying by “Application by Certification” (ASHA CCC’s) must submit the form titled “Verification of Certification” and it must be sent directly to the board. If the effective date of certification is not within (2) two years from the date of application you must provide 20 contact hours of continuing education, within the past two years. Please provide certification along with course outline/description.
6. Applicants applying by “Application/Examination” (PCE or RPE) must submit an original report of the Praxis scores. The scores **MUST be received** no later than 2 years from the beginning date of your PCE or RPE. Please be sure to select the appropriate code with ETS to have your PRAXIS scores sent to the Georgia Board. If you do not select the appropriate code, your scores will not be sent to our office. ***It is the licensure candidates’ responsibility to assure that his/her PRAXIS scores are sent to the Georgia Board.***
7. Applicant applying by “Endorsement” must contact each state in which they have held a Speech Language Pathology/Audiology license and have them provide verification of licensure directly to the Georgia Board Office. Please verify your state is a state approved for endorsement in Georgia. The list can be viewed on our website by accessing the Frequently Asked Questions. Please review the Frequently Asked Questions at <http://sos.georgia.gov/plb/faqs/10%20faqs.html>. **If your state is not on the list you must obtain licensure by another method.**

Paid Clinical Experience (PCE) or Required Professional Experience (RPE) - You are not required to have obtained your ASHA CCC’s in order to obtain SLP/AUD licensure. You may obtain licensure based on completion of PCE/RPE as noted below.

PLEASE NOTE: BOARD POLICY REGARDING SUBMISSION OF CONTINUING EDUCATION (CE) HOURS:
All applicants must provide CE documents in compliance with Board Rule 609-7-.01. The information submitted must include a certificate of completion and a course outline for each program attended. **The information submitted must be organized & concise.** Information that is submitted that is scant or excessive will be returned for the applicant’s resubmission. The return of information to the applicant will extensively **DELAY** the process.



**GEORGIA STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize the **GEORGIA STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

(Applicant's Full Name – Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

Please check any applicable licensure provisions below that apply to the individuals you will be practicing your profession on:

- _____ Working with mentally disabled
- _____ Working with the elderly or in elder care services
- _____ Working with children

PLEASE COMPLETE THE FOLLOWING:

I, _____
(print name)

give consent to the Georgia State Board of Examiners for Speech-Language Pathology and Audiology to perform periodic criminal background checks for the duration of my active licensure status with this state

(Signature of Applicant)

(Date)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Name of Applicant