

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 237Coliseum Drive Macon, GA 31217

- 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 <u>MUST be received</u> no later than 2 years from the beginning date of your PCE or RPE. <u>Please be sure to select the appropriate code with ETS to have your PRAXIS scores sent to the Georgia Board</u>. 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.

<u>Paid Clinical Experience (PCE) or Required Professional Experience (RPE)</u> - 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.

FOR BOARD	USE ONLY
Amount Su	bmitted
Date	
Receipt #	



FOR BOARD USE ONLY	
Certificate Number	
Date Issued	
Applicant No.	

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APPLICATION FOR: Speech Language Pathologist Audiologist **Application Fee Is Non-Refundable** Applicant is applying for above referenced license by: Examination **Endorsement** ASHA PERSONAL INFORMATION: Name: First Middle Last Name as shown on exam records or transcripts (if different): Middle First Last E Mail Address **Physical Address** Number and Street City/State Apt. No Zip (P.O. Box not acceptable) Mailing Address (if different): Number and Street Apt. No City/State **Email Address:** Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party. Day Phone Number **Evening Phone Number Cell Number Social Security Number Date of Birth** I am a U.S. citizen I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS, and provide required documentation.

PROFESSIONAL BACKGROUND:

	yes or no – If yes is checked, you mus nation.	st send copies of legal documents and a detailed				
1.	☐ Yes ☐ No Are you unable to practice	safely as a result of use of alcohol or other drugs?				
2.	☐ Yes ☐ No Have you been denied professional licensure or renewal because of a license disciplinary proceeding?					
3.	Yes □ No Have you ever had a professional license revoked, suspended, annulled, or otherwise sanctioned, including by private order, by any Board or agency in Georgia or any other state, territory, or country?					
4.	☐ Yes ☐ No Have you been subject to oprofessional organization?	e you been subject to disciplinary action or had your membership revoked by any ation?				
5.	☐ Yes ☐ No Have you knowingly failed matter against you?	d to renew a license during an investigation of a disciplinary				
6.	☐ Yes ☐ No To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency or professional organization?					
7.	☐Yes ☐ No Have you been convicted of	of any criminal offense?				
8.	☐ Yes ☐ No Have you ever been arrested, charged or sentenced for the commission of a felony misdemeanor (other than minor traffic or parking violations) or crime of moral turpitude, including the entry of a plea of nolo contendre or a plea entered pursuant to the provisions of the "Georgia First Offenders Act"? DWI and DUI are not minor traffic violations. You must respond "yes" if you Pled and completed probation as a First Offender. If you answered "yes", you must provide certified copies of the Court disposition.					
9.	☐ Yes ☐ No Have you been the defend agreement or paid court awarded expenses	ant in malpractice suit and either entered into a settlement ?				
10	. ☐ Yes ☐ No Have you previously appli If "yes", name under which application wa	ed for the same license for which you are currently applying? s submitted:				
11	☐ Yes ☐ No Do you now hold or have y Audiologist in any state/jurisdiction? If	you ever held a license as a Speech-Language Pathologist or "yes" complete the following:				
	Type of license: Speech	☐ Audiology				
	State/Jurisdiction	License No				
	Date issued	Expiration				
AFFI	DAVIT OF APPLICANT:					
in this investig practic	application are true and correct to the best gation of my employment record and other e. I understand that any final disciplinary a be provided to a national disciplinary repor-	y of perjury that all statements made and information contained st of my knowledge and belief. Further, I consent to a thorough information that may be necessary to verify my qualifications to action that may ever be taken against my license, if it is granted, ting system and that my Social Security number would be a part				
Date	Signature of Applicant					
Sworn	to and subscribed before me this					
£	day of, 2					
Notary		Notary Seal				
	Public	Notary Scar				



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 <u>GEORGIA STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE</u> <u>PATHOLOGY AND AUDIOLOGY</u> 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 Fu	ll Name – Printed)		
Physical Addre	ess (P.O. Boxes N	OT Accepted)	
Sex	Race	Date of Birth	Social Security Number
lace of Birth (City/State):		
iases or Maide	en Name:		
e individuals you	will be practicing your p mentally disabled the elderly or in elder car	2011 V V V V V V V V V V V V V V V V V V	
PLEASI	E COMPLETE THE FO	DLLOWING:	
anguage Pathology	(print name) eorgia State Board of Exa and Audiology to perfor or the duration of my activ	n periodic criminal	
ignature of App			<u> </u>

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	With the edge
- 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	
Alien Who Has Been Battered or Subjected to Extreme Cruelty:	
- INS petition and appropriate supporting documentation	
into polition and appropriate supporting assumentation	
Name of Applicant	
Tame of Approach	