



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services

**Board of Speech-Language Pathology**

PO Box 30670

Lansing MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**SPEECH-LANGUAGE PATHOLOGIST LICENSE  
EXAMINATION APPLICATION PACKET**

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## **SPEECH-LANGUAGE PATHOLOGIST LICENSURE BY EXAMINATION INSTRUCTIONS**

**\* Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.\***

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Speech-Language Pathology.
2. Applicants for speech-language pathologist licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Speech-Language Pathology from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**
4. Documentation regarding your qualifications for licensure must be received by one of the following methods:

### **METHOD 1 - ASHA CERTIFICATION (CCC-SLP)**

- a. Have the American Speech Language Hearing Association (ASHA) verify your current certification of clinical competence in speech-language pathology (CCC-SLP) directly to this office. The verification must include your name, the date your certification was issued, the expiration date of your certification and it must specify that your certification was issued in speech-language pathology. You can contact ASHA at 2200 Research Blvd, Rockville, MD 20850-3289, by phone at 1-800-638-8255, or by e-mail at [certification@asha.org](mailto:certification@asha.org) NOTE: If your CCC-SLP certification is current, you do not need to have any additional documentation regarding your education, experience, or PRAXIS Series II scores submitted to the Michigan Board.

### **METHOD 2 - DOCUMENTATION FROM ORIGINAL SOURCE**

- a. Arrange to have final transcripts of your master's or doctoral degree in speech-language pathology submitted directly to this office from your educational program. The educational program must be accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

If your master's or doctoral degree program was not CAA-accredited, a course-by-course credential evaluation must be completed by an agency that is a member of the National Association of Credential Evaluation Services (NACES). The list of NACES approved credentialing agencies can be found on their website, [www.naces.org](http://www.naces.org), under "Current Members". The credential evaluation must show that your educational program was substantially equivalent to a CAA-accredited program.

# SPEECH-LANGUAGE PATHOLOGIST LICENSURE BY EXAMINATION INSTRUCTIONS CONTINUED

An applicant whose speech-language education program was taught in a language other than English shall satisfactorily complete the TOEFL (passing score is 570 on written examination or 230 on the computerized exam) and TSE (passing score is 50) examinations or the TOEFLibT (overall passing score of 89 or above). Required section scores on TOEFLIBT are:

- Not less than 22 on the reading section
- Not less than 22 on the listening section
- Not less than 26 on the speaking section
- Not less than 24 on the writing section

- b. Verify the completion of at least 9 months (1,260 hours) of supervised post-graduate clinical experience in speech-language pathology. The Speech-Language Pathology Postgraduate Clinical Experience form must be completed and sent to the Michigan Board directly from your speech-language pathologist supervisor. The requirements for the clinical experience are listed on the form.
- c. Contact ETS and have your PRAXIS Series II Test in Speech-Language Pathology score report sent to the Michigan Board using recipient code 7430. Contact ETS at 1(800)772-9476 or at [www.ets.org/praxis](http://www.ets.org/praxis). If you are registering with ETS for this examination, use recipient code 7430 to have your scores reported to the Michigan Board.

Please Note:

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

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For Board Use Only
License #:
Issue Date:

### APPLICATION FOR EXAMINATION

Select the license type you are applying for from the list below:

Speech-Language Pathologist License by Examination Fee: \$95.00 [ 71-7101-01 ]

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

#### 1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg. #:	
City:	State:	Zip Code:
Country:		
Phone Number:	Email Address:	
Have you ever held a health professional license in any profession in Michigan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your health professional license issued after 2008?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent ID/License Number:	Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received in any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

**2. Personal Data Questions**

1. Have you ever been convicted of a felony?

Yes

No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

Yes

No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

Yes

No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

Yes

No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

Yes

No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

Yes

No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

Yes

No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

Yes

No

If yes, please explain

**Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.**

Full Name: \_\_\_\_\_

Have you taken a National examination for another U.S. Jurisdiction?

 Yes

Please list exam name and date taken (month &amp; year)

 No

Have you taken a State Constructed examination for another U.S. Jurisdiction? Please list state and date taken (month &amp; year)

 Yes No**3. Professional Education**

**Provide a complete chronological record of your educational preparation.  
Attach additional sheets if necessary.**

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/ Degree Granted

**4. License(s) in Other State(s) or Province(s)**

Do you hold or have you held a permanent speech-language pathology license or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement).  
**DO NOT LIST TEMPORARY LICENSES.** (Attach additional sheets if necessary.)

 Yes No

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Examination or Endorsement)

**5. CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)**SPEECH-LANGUAGE PATHOLOGY POSTGRADUATE CLINICAL  
EXPERIENCE FOR EXAMINATION FORM**

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

**EXPERIENCE:** If you currently hold the CCC-SLP certification from ASHA you do not need to complete this form.

If you do not currently hold CCC-SLP/ASHA you must submit verification of 9 months (1,260 hours) of clinical speech-language pathology experience earned under the supervision of a licensed speech-language pathologist after you received your degree.

In order for this supervised, clinical experience to count toward the requirements for full licensure, you must hold a Michigan educational limited license.

**For Work Experience Completed in Michigan:** The supervisor of the clinical experience must hold a current, active, full Michigan speech-language pathologist license that has no history of disciplinary action.**SECTION I - APPLICANT INFORMATION -** Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to your supervisor. This form must be submitted directly to the Michigan Board of Speech-Language Pathology by your supervisor.

First Name:	Middle Name:	Last Name:
SSN:	Birth Date:	
Phone Number:	Email Address:	

**SECTION II - INSTRUCTIONS TO SUPERVISOR:** Instructions: Complete Section II and return it to the Board of Speech-Language Pathology, PO Box 30670, Lansing, MI 48909

Supervisor's Name	Michigan Health Professional Permanent I.D./License Number
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Please answer the following questions about your credentials at the time you supervised the applicant.

**For work experience in Michigan:**

Were you licensed speech-language pathologist in Michigan at the time you supervised the applicant?

Yes

No

Michigan Permanent I.D./License Number \_\_\_\_\_

**For work experience in another state:**

Were you licensed or certified as a speech-language pathologist in the state where you were providing supervision?

Yes

No

State \_\_\_\_\_ Type of License or Certificate \_\_\_\_\_



Full Name: \_\_\_\_\_

**THIS SIDE TO BE COMPLETED BY THE SUPERVISOR**

What was your title at the time of supervision? \_\_\_\_\_

What was the applicant's title at the time of supervision? \_\_\_\_\_

I certify that \_\_\_\_\_ practiced speech-language pathology under my supervision at  
(Applicant's Name)at \_\_\_\_\_ located at \_\_\_\_\_  
(Name of Agency) (Street Address, City, State, Zip Code)from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours.  
(Month/Day/Year) (Month/Day/Year) (Minimum of 1260)

Did your supervisory activities include:

1. Onsite observations of the supervisee engaged in screening, evaluation, assessment, and habilitation or rehabilitation activities?  Yes  No

Real time, interactive video and audio conferencing technology may be used to perform onsite observations.

2. Evaluation of reports written by the supervisee, conference between the supervisor and supervisee, and discussions with the supervisee's professional colleagues?  Yes  No

Correspondence, telephone calls or reviewing audio or videotapes may be used to perform this type of supervisory activity.

3. Did at least 1,008 of the supervised hours consist of clinical contact with person or population served, including, but not limited to direct client or patient contact, consultations, record keeping, and administrative duties?  Yes  No

The Public Health Code requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant; 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.

Did your supervision fulfill this agreement?  Yes  No\_\_\_\_\_  
Supervisor's Signature\_\_\_\_\_  
Date of Signature

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Please print out the Application (pages 5-7) and the Speech-Language Pathology Postgraduate Clinical Experience Form (pages 8-9, if applicable). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Board of Speech-Language Pathology  
PO Box 30670  
Lansing MI 48909

Submit the Speech-Language Pathology Postgraduate Clinical Experience Form to your supervisor to complete and send directly to our office.

## APPLICATION CHECKLIST INSTRUCTIONS

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

**Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

**1. Demographic Information:**

**Social Security Number:** Please list only a United States Social Security number.

**Name:** List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

**Birth Date:** Provide the month, day and year of your birth.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

**Phone:** Enter a telephone number where you can be reached in case we have questions about your application.

**E-mail:** Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

**Other Name(s):** Indicate whether you have been known by any other names.

**2. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation in the space provided on your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

**3. Professional Education:** List your current or completed professional school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

**4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held an speech-language pathologist license or registration. Indicate the license/registration number, date of issue, and the method of licensure - examination or endorsement.

**5. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

## TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Speech-Language Pathology office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. Refund Policy: If you wish to withdraw your application, you must notify the Board of Speech-Language Pathology in writing to request a partial refund.
8. If your name and/or address changes please notify the Board of Speech-Language Pathology in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it ATTN: Application Section to (517) 373-7179 or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Speech-Language Pathology, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at [www.michigan.gov/elicense](http://www.michigan.gov/elicense).

## **GLOSSARY/DEFINITION OF TERMS**

ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who has taken an examination.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

## FREQUENTLY ASKED QUESTIONS

### **Q. How long will it take to process my application?**

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

### **Q. What do I do if I forgot to include my payment with my application?**

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Speech-Language Pathology, PO Box 30670, Lansing, MI 48909.

### **Q. How do I check on the status of my application?**

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at [www.michigan.gov/appstatus](http://www.michigan.gov/appstatus).

### **Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?**

We ask that you submit your application, fee and information regarding the occurrence. The Board of Speech-Language Pathology will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

### **Q. How long is my license valid?**

The initial license is good for a partial licensure cycle and will expire on the upcoming Sep 30 renewal date. Each subsequent license will cover a full two-year cycle.

### **Q. How do I renew my license?**

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

## WEBSITES AND LINKS

### **WEBSITES:**

Michigan Department of Licensing and Regulatory Affairs	<a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a>
Bureau of Health Care Services	<a href="http://www.michigan.gov/bhcs">www.michigan.gov/bhcs</a>
Health Professions Division	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Board of Speech-Language Pathology	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Public Health Code	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Application Status	<a href="http://www.michigan.gov/apstatus">www.michigan.gov/apstatus</a>
License Verification	<a href="http://www.michigan.gov/verifylicense">www.michigan.gov/verifylicense</a>
Renewal Website	<a href="http://www.michigan.gov/elicense">www.michigan.gov/elicense</a>

### **LINKS:**

American Speech Language Hearing Association	<a href="http://www.asha.org">www.asha.org</a>
Council on Academic Accreditation in Audiology and Speech-Language Pathology	<a href="http://www.asha.org">www.asha.org</a>
National Association of Credential Evaluation Services	<a href="http://www.naces.org">www.naces.org</a>
Educational Testing Services	<a href="http://www.toefl.org">www.toefl.org</a>
Identogo	<a href="http://www.identogo.com">www.identogo.com</a>