

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: 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

Please note: If you have ever held a license in another state, you will need to contact the State Board(s) and have them send license verification directly to our office. This is required regardless of method by which you are obtaining licensure.

8-12-13



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1. All application fees are non-refundable. All applications and fees must be mailed to:

Georgia State Board of Speech Language Pathology/Audiology 237Coliseum Drive Macon, GA 31217

- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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. <u>It is the licensure candidates' responsibility to assure that his/her</u> <u>PRAXIS scores are sent to the Georgia Board</u>.
- 6. Applicant applying by "Endorsement" must contact each state in which they hold, or 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.

<u>PLEASE NOTE</u>: 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 Submitted	
Date	
Receipt #	



FOR BOARD USE ONLY	
Certificate Number	
Date Issued	
Applicant No	Same and S

GEORGIA STATE BOARD OF Speech-Language Pathology/Audiology
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APPLICATION FOR:

Speech Language Patholog	ist
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Audiologist

Application Fee Is Non-Refundable

Applicant is applying for above referenced license by	Applicant	is app	lying for	above	reference	d license	by:
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Examination
Endorsement

ASHA

	\$110
	\$110
\square	\$110

PERSONAL INFORMATION:

Name:					
Last	Fir	st	Middle Initial/M	Iaiden Name	_
Name as shown on exa	m records or tran	s cripts (if diffe	erent):		
Last	Fir	st	Middle Initial/M	1aiden Name	_
Physical Address					_
(P.O. Box not acceptable)	Number and Street	Apt. No	City/State	Zip	
Mailing Address (if diffe	erent): P.O Box/Nun	nber and Street Ap	t. No City/State	Zip	-
Email Address:					_
Acknowledgement of your appli Board staff to contact you so tha with any third party. PLEASE P	at your application can be	e processed in the m	ost efficient manner.		
Day Phone Number	Evening Phon	e Number	Cell	Number	_

Social Security Number

Date of Birth

PROFESSIONAL BACKGROUND:

Check yes or no – If yes is checked, you must send copies of legal documents and a detailed explanation.

- **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. Use No** Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- **5. Use Yes No** Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- **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 any criminal offense?
- 8. **Yes No** Have you <u>ever been</u> 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. Use Yes No** Have you been the defendant in malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- **10. Yes No** Have you previously applied for the same license for which you are currently applying? If "yes", name under which application was submitted:
- 11 🗌 Yes 🗌 No Do you now hold or have you ever held a license as a Speech-Language Pathologist or Audiologist in any state/jurisdiction? If "yes" complete the following:

Type of license:	Speech	Audiology
State/Jurisdiction_		License No
Date issued		Expiration

Please contact all State Boards in which you have ever been issued a license, and have them send license verification directly to our office.

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

(SLP&A)

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) _____ I am a United States citizen. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website (See pages 6 & 7).

2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 6 & 7).

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in	(City),	(State)
Signature of Applicant		
Printed Name of Applicant		
Date		
Sworn to and subscribed be		
day of	, 20	
		(Notary Seal)
(Notary Public Signature) My commission expires:		
	111 • 1 •.1	ID.

Note to Notary: Application should be signed with proper ID.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

<u>Secure and Verifiable Documents Under O.C.G.A. § 50-36-2</u> Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <u>http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm</u> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

___A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

Page 6 of 8

8-12-13

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

___A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.

[O.C.G.A. § 50-36-2(c)]



OFFICE OF SECRETARY OF STATE PROFESSIONAL LICENSING BOARDS DIVISION 237 Coliseum Drive Macon, Georgia 31217 (478) 207-2440

CONSENT FORM

I hereby authorize the Speech Language Pathology and Audiology ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Pri	int)		
Physical Addr	ress (P.O. Boxes <u>N</u>	OT Accepted)	
Sex	Race	Date of Birth	Social Security Number
This author		0/180/ (circle one) day	s from date of signature. Onsent to the Board to perform periodic v licensure with this state.
Signature of Applicant			Date
Working w	e provisions (check it vith mentally disabled vith elder care vith children		
Page 8 of 8			8-12-13