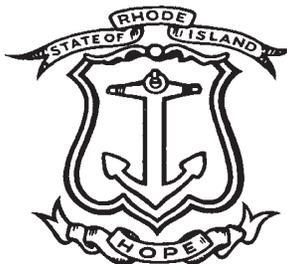


FOR OFFICE USE ONLY

Speech Prov. Checklist

- App. & Fee
- Date: _____ Check _____
- Photo
- Transcript
- Praxis Score
- Clock Hours
- SSN



FOR OFFICE USE ONLY

Application Approved:

Prov. License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

Rhode Island
Board of Examiners of
Speech Language Pathology and Audiology

Room 104
 3 Capitol Hill
 Providence, RI 02908-5097

Instructions and Application For
Provisional License As An

Speech Language Pathologist

License # _____

Name _____

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-7
Application Checklist.....	8

Licensure Requirements

U.S. Graduates

- Application fee of **\$65.00** for provisional license.
- Recent passport type photograph (2" X 2" head and shoulder view).
- Official graduate transcript from an ASHA accredited institution, which includes the degree granted and date awarded.
- Documentation of clock hours directly from an ASHA accredited institution.
- Praxis score sent directly from the Educational Testing Service (ETS) (609-771-7395).

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 5, Chapter 48, entitled: Speech Pathology and Audiology can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title5/5-48/INDEX.HTM>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Examiners of Speech Language Pathology and Audiology (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. **All applicable items listed on the “Application Checklist”** (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have a malpractice, criminal or disciplinary history in Rhode Island, or another state, it can take an additional 2 or 3 months to process your application.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed for eligibility and approval.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-7). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$65.00** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE .
3. A completed official graduate transcript **sent directly** from an ASHA accredited institution to the Board at the address below. No student copies will be accepted.
4. Praxis score **sent directly** from the **ETS (Telephone 1-609-771-7395)** to the Board at the address below.
5. Documentation of completed clock hours of supervised, direct clinical experience, sent directly from an ASHA accredited institution to the Board at the address below.
6. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Examiners of Speech Language
Pathology and Audiology, Room 104
3 Capitol Hill
Providence, RI 02908-5097**

7. Preferred Mailing Address

Please check ONE

- Please use my Home Address as my preferred mailing address
Please use my Business Address as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Form fields for school information: Type of School, Name of School, Date Graduated (Month/Year), Degree Received.

9. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes/No checkboxes

Abbreviation of State and Conviction (e.g. CA - Illegal Possession of a Controlled Substance):

Form fields for listing convictions with Month/Year columns.

10. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes/No checkboxes for question 1

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes/No checkboxes for question 2

Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

Large empty space for providing details for disciplinary questions.

11. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my provisional license to practice as a Speech Language Pathologist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners of Speech Language Pathology and Audiology of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

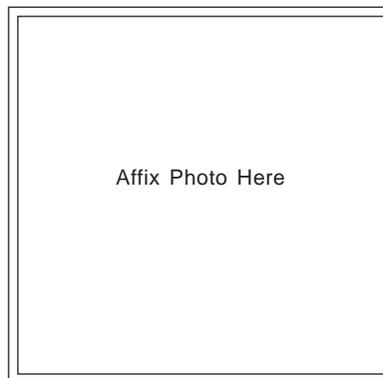
Commission Expiration Date (MM/DD/YY)

12. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-7).
- I have attached the cover page of the application.
- I have completed Section 11, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 12, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: “**Rhode Island General Treasurer**” in the amount of **\$65.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-7.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Examiners of Speech Language Pathology and Audiology.

Other Documents

- I have requested a school transcript and my Praxis Score (ETS) as instructed.