

Maryland Department of Health  
**Board of Examiners for Audiologists, Hearing Aid Dispensers,  
Speech-Language Pathologists, and Music Therapist**  
4201 Patterson Avenue, Baltimore, Maryland 21215-2299  
Phone 410-764-4725 Fax 410-358-0273  
TTY/ Maryland Relay Service 1-800-735-2258

**Application for Speech-Language Pathology Assistant- Full License**



Date \_\_\_\_\_

**Please Read The Application Checklist Before Completing Application Below:**

Name \_\_\_\_\_  
Last First Middle/Maiden

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Residence \_\_\_\_\_  
Street Apt.

City State Zip Code

Phone # \_\_\_\_\_ Alternate# \_\_\_\_\_ E-Mail \_\_\_\_\_

What is your first language? English Other \_\_\_\_\_

If answered Other, TOEFL Scores are required. English as a Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of 80% within the previous two years from the date of the application. A copy of you exam scores must be submitted with your application.

Professional Address \_\_\_\_\_  
Facility or Company's Name

Street Suite #

City State Zip Code

Telephone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Beginning Date of Employment \_\_\_\_\_

**For Office Use Only**

**Received \_\_\_\_\_ CK ( ) MO ( ) Number \_\_\_\_\_**

Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

No  Yes If "Yes" attach full details.

### Waiver of Requirements

A. Do you hold a valid American Speech-Language-Hearing Association Registration as a speech-language pathology assistant?

No  Yes If yes, date originally granted: \_\_\_\_\_

Attach copy of ASHA SLP Assistant Registration or letter from ASHA verifying registration as an SLP Assistant. Also attach Delegation Agreement (**Form SA6**) completed by each supervising speech-language pathologist.

B. Do you hold a valid license, certification or registration as a speech-language pathology assistant in another state?  No  Yes

If yes, list State(s): \_\_\_\_\_

Attach copy of SLP Assistant license, certification or registration from the State. Send affidavit (**Form SA8** – last page of application) verifying license, certification, or registration to the State(s) and ask that it be returned to the Maryland Board. Also attach Delegation Agreement (**Form SA6**) completed by each supervising speech-language pathologist.

Has any disciplinary action ever been taken against your license in any other jurisdiction?

No  Yes  **If yes, please attach full explanation.**

C. Have you practiced as a SLP Assistant for at least two years prior to submitting this application?

No  Yes **If yes, attach** a letter from your supervising speech-language

pathologist attesting to the dates you have practiced as a SLP Assistant. **Also attach** Delegation Agreement (**Form SA6**) for each supervising Speech-Language Pathologist **and** completed Competency Skills Check List, (**Form SA7**).

### Education

An applicant must have graduated within 5 years prior to application:

A. School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To: \_\_\_\_\_

Degree Granted: \_\_\_\_\_ Date: \_\_\_\_\_

Have School send official transcript verifying education completed directly to the Maryland Board.

B. Please indicate whether you have one of the following degrees:

1. Associate Degree from an approved SLP Assistant Program?  Yes  No

2. Associate Degree in an allied health field with 15 hours in required minimum course work?  
 Yes  No

If you have an Associate Degree in an allied health field, complete **Form SA2** describing required minimum coursework as stated on transcript. If the title of the course is not self-explanatory, attach catalog description or syllabus.

3. Bachelor's Degree in Speech-Language Pathology or Communication Disorders?  
 Yes  No

C. Did your educational program include the following required clinical hours as a Speech-Language Pathology Assistant?

25 hours of clinical observation  Yes  No

75 hours of clinical assistance  Yes  No

If you did not attend an approved SLP Assistant Program, attach **Form SA3** signed by the Department Chair or Clinic Director documenting the required clinical hours.

If your educational program did not include the required clinical hours, complete **Form SA4** documenting the Plan that you and the supervising speech-language pathologist have developed to complete the clinical hours within the first 60 days of limited licensure.

### **Pactice Setting Where Limited Licensee Will Practice**

Name of Facility \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Beginning Date: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Supervising Speech-Language Pathologist (s):

Name	Title
------	-------

Name	Title
------	-------

Name	Title
------	-------

**Note:** A Delegation Agreement, Form SA6, must be submitted for each supervising Speech-Language Pathologist.

Please review the regulations and sign the following affirmation:

I affirm that I have read the Speech-Language Pathology Assistant regulations, including the sections specifying activities that are within the scope of practice of SLP Assistants and activities that are not with the scope of practice of SLP Assistants.

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

\_\_\_\_\_  
Date

**Applicant Must Have This Affidavit Completed by a Notary Public**

State of \_\_\_\_\_

City or County of \_\_\_\_\_

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signed before me on the \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_  
Name of Applicant

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

\_\_\_\_\_  
Signature of Notarial Officer

\_\_\_\_\_  
Title of Officer

Stamp:

\*\*\*\*\*

In accordance with Executive Order 01.01.1093-18, the Board is required to advise you as follows regarding the collection of personal information:

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee’s identity or to enable the Board to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary. Your Social Security Number is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

\*\*\*\*\*

**Race/Ethnic Identification**

To further its commitment to equal access the Board of Examiners requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Male  Female  Other \_\_\_\_\_

**Race/Ethnic Identification – Please Check All That Apply**

Are you of Hispanic or Latino origin?  Yes  No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

- 1.  American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- 2.  Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- 3.  Black or African American (A person having origins in any of the black racial groups of Africa.)
- 4.  Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 5.  White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SLP-A

Form SA2

Maryland Department of Health  
**Board of Examiners for Audiologists, Hearing Aid Dispensers,  
Speech-Language Pathologists, and Music Therapist**  
4201 Patterson Avenue, Baltimore, Maryland 21215-2299 Phone  
410-764-4725 Fax 410-358-0273  
TTY/ Maryland Relay Service 1-800-735-2258

**Associate Degree in Allied Health Field  
Verification of Minimum Required Coursework**

Applicant (please type or print)

Name: \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip Code

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Educational Institution

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Associate Degree in \_\_\_\_\_ granted \_\_\_\_\_  
(major) (date – mm/dd/yyyy)

## Form SA2

The Board's regulations require that an applicant with an Associate's Degree in an allied health field from an accredited institution has completed at least 3 credit hours in each of the areas listed below. Please indicate the name of the course on the transcript that fulfills each requirement and **attach an official transcript showing the Associate Degree**. If the title of the course is not self-explanatory, attach catalog description or syllabus. A minimum of 3 credit hours is required in each of the following areas:

### Normal Speech-Language Development

Name of Course \_\_\_\_\_

Semester Taken \_\_\_\_\_

Additional Courses in this area: \_\_\_\_\_

\_\_\_\_\_

### Speech Disorders

Name of Course \_\_\_\_\_

Semester Taken \_\_\_\_\_

Additional Courses in this area: \_\_\_\_\_

\_\_\_\_\_

### Anatomy and Physiology of Speech Systems

Name of Course \_\_\_\_\_

Semester Taken \_\_\_\_\_

Additional Courses in this area: \_\_\_\_\_

\_\_\_\_\_

### Language Disorders

Name of Course \_\_\_\_\_

Semester Taken \_\_\_\_\_

Additional Courses in this area: \_\_\_\_\_

\_\_\_\_\_

### Phonology

Name of Course \_\_\_\_\_

Semester Taken \_\_\_\_\_

Additional Courses in this area: \_\_\_\_\_

\_\_\_\_\_

**Form SA3**

Maryland Department of Health  
**Board of Examiners for Audiologists, Hearing Aid Dispensers,  
Speech-Language Pathologists, and Music Therapist**

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Phone 410-764-4725 \* Fax 410-358-0273 \* TTY/ Maryland Relay Service 1-800-735-2258

**Educational Institution Verification of Completion of Required Clinical Hours**

The Board's regulations require that the speech-language pathology assistant shall demonstrate completion of at least 25 hours of clinical observation and 75 hours of clinical assistance experience obtained within an educational institution or in one of the institution's cooperating programs.

Applicant (Please Type or Print)

Name: \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_  
Street Apt. #

City State Zip Code

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Zip Code

Dates Attended (mm/yy): From \_\_\_\_\_ to \_\_\_\_\_

**Verification**

I verify that \_\_\_\_\_ completed the following clinical  
Applicant  
observation hours and clinical assistance hours during the time he/she was a student at  
\_\_\_\_\_ educational institution.

25 Clinical Observation Hours Completed From \_\_\_\_\_ to \_\_\_\_\_

75 Clinical Assistance Hours Completed From \_\_\_\_\_ to \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_



**FORM SA6**

Maryland Department of Health  
**Board of Examiners for Audiologists, Hearing Aid Dispensers,  
Speech-Language Pathologists, and Music Therapist**

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Phone 410-764-4725 \* Fax 410-358-0273 \* TTY/ Maryland Relay Service 1-800-735-2258

**Delegation Agreement**

A Speech-Language Pathology Assistant or an applicant for licensure as a Speech-Language Pathology Assistant must file a Delegation Agreement with the Board. A separate agreement must be filed for **each** supervising Speech-Language Pathologist under whom the SLP Assistant will be working. Each Delegation Agreement must be re-filed at the time of license renewal.

**Speech-Language Pathology Assistant Information:**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

If licensed as an assistant, Maryland SLP Assistant License Number: \_\_\_\_\_

**Supervising Speech-Language Pathologist**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Maryland SLP License Number: \_\_\_\_\_ and/or ASHA Number: \_\_\_\_\_

**Facility Information** (where the SLP Assistant Limited Licensee will be practicing)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**FORM SA6**

Will the supervising Speech-Language Pathologist be responsible for the practice of the SLP Assistant at additional facilities? \_  \_ Yes \_  \_ No

If yes, please indicate the additional facilities and their addresses here:

---

---

---

---

**Delegation Agreement**

The Speech-Language Pathology Assistant named in this Delegation Agreement is authorized to assist the supervising Speech-Language Pathologist named in this agreement in the implementation of speech-language pathology treatment goals and related activities as outlined in the SLP Assistant Regulations (COMAR 10.41.11) under the direction of the supervising SLP at the above named facility(ies).

The Supervising Speech-Language Pathologist agrees to supervise the SLP Assistant according to the standards outlined in the COMAR regulations.

The SLP Assistant agrees to perform only those activities authorized in the COMAR regulations.

**The SLP Assistant agrees to notify the Board if this Delegation Agreement is no longer valid.**

\_\_\_\_\_  
Signature of SLP Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising SLP

\_\_\_\_\_  
Date

**FORM SA8**

Department of Health  
**Board of Examiners for Audiologists, Hearing Aid Dispensers,  
Speech-Language Pathologists, and Music Therapist**

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Phone 410-764-4725 \* Fax 410-358-0273 \* TTY/ Maryland Relay Service 1-800-735-2258

**Affidavit To Be Completed By Licensure Board**

**This portion of the form is to be completed by the Speech-Language Pathology Assistant:**

Please verify  licensure  certification or  registration as a Speech-Language Pathology Assistant in your State for:

\_\_\_\_\_  
First Name Middle Last Name

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

License/Certificate/Registration Number: \_\_\_\_\_

**This portion of the affidavit is to be completed by the Board:**

License/Certificate /Registration Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Is License/Certificate/Registration in good standing? \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please provide basis for qualifying for license/certificate/registration as a Speech-Language Pathology Assistant in your state that this person met (e.g. educational requirements, practice requirements, examination, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Please attach law and regulations governing Speech-Language Pathology Assistants for your state.**

Has License/Certificate/Registration ever been suspended or revoked? No  Yes

If yes, please explain why or attach additional explanation.

\_\_\_\_\_  
\_\_\_\_\_

Has License/Certificate/Registration been reinstated? \_\_\_\_\_

Has disciplinary action ever been taken against this person? \_\_\_\_\_ If yes, please explain why or attach additional explanation.

\_\_\_\_\_  
\_\_\_\_\_

Is there any derogatory information on file concerning this person? Yes  No

If yes, please explain or attach additional explanation.

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

State Board of \_\_\_\_\_

State of \_\_\_\_\_

State Seal Here

## AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

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

Date: \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).



# MARYLAND

## Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

---

### **BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS, SPEECH-LANGUAGE PATHOLOGISTS, AND MUSIC THERAPIST**

Jennifer L. Mertes, Board Chair • Candace G. Robinson, Executive Director

### **Criminal History Records Check - In Maryland**

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapist. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses. Each individual only needs to complete the process once for this Board.

**These instructions are for individuals who reside in Maryland or reside near Maryland. It is best to obtain fingerprints in Maryland. If it is not convenient to get fingerprinted in Maryland please follow the procedure in the Out-of-State instructions.**

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The criminal history records check is initiated by the applicant/licensee being fingerprinted.

CJIS Authorization#: 1600003672

FBI ORI#: MD920528Z

Reason Fingerprinted: Audiology license  
Hearing Aid Dispenser license  
Speech-Language Pathology license  
Speech-Language Pathology Assistant license

Type of Check: Governmental Licensing/Certification

### **Electronic Fingerprinting**

It is best to have your fingerprints taken electronically in the State of Maryland.

Electronic fingerprinting is available at CHS-approved private providers, most Maryland MVA locations and most local law enforcement offices.

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS:

via telephone at 410-764-4501; or  
via their website at <http://www.dpscs.maryland.gov/publicservs/:fingerprint.shtml>.

### **Applicants for Initial Licensure, Reinstatement, or Reactivation**

Effective October 1, 2016 all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. This is a requirement of the application process and cannot be waived for any reason. An initial license will not be issued unless proof of the CHRC is on file with the Board.

Maryland residents and individuals who reside near Maryland may have fingerprints taken prior to mailing an application to the Board. Maryland residents and individuals who reside near Maryland must use the pre-filled form specific to this Board (link at end of this document and also available on this Board 's Forms page). If an individual is unable to use the pre-filled form the individual must have the CJIS Authorization number and FBI ORI numbers to ensure that the required reports are issued to the Board (on the first page of this document and on the Board's homepage). Please note that these numbers are specific to this Board.

After your fingerprints are taken you will be given a receipt for payment that includes a tracking number; the tracking number is unique to you. Include a copy of the receipt with the tracking number when submitting the initial application to the Board. Hand-write the professional license you are applying for and specify either full license or limited license.

Once the results of the background check are received by the Board the application process will be completed in accordance to Board regulations and policies.

### **Renewal Applicants**

Individuals who obtained a full license before October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license. Additional information has been provided to renewal applicants via e-mail.

### **General Information**

Pursuant to federal law a criminal history records check is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc. that it was completed for.

When getting fingerprinted please ensure the following:

that the fingerprint operator spells your name correctly; and

that the proper OIR and authorization numbers are used.

A list of private providers that have electronic fingerprinting services are provided on the State of Maryland's Department of Public Safety & Correctional Services website. Click below for immediate access to fingerprinting locations in Maryland. **Call ahead to make sure the provider is open and has the October 1, 2016 software update.**

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtrnl>

Print LiveScan Pre-Registration Application

<https://health.maryland.gov/boardsahs/DocumentsaudLiveScan.pdf>

All applicants must print the LiveScan Pre-Registration Application and take it to the fingerprinting location in Maryland.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410-764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists for a full description of the requirements.





**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>(Please check)</i>
Height:   ft.    inches	Weight:       lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	<i>(Please check)</i>		
Place of Birth:	Citizenship:		
Current address:			
City:	State:	ZIP Code:	-
Daytime Phone:	Evening Phone:	Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 1600003672	
ORI # (if required): MD920528Z	Reason fingerprinted? Licensing
Position Applied for: Board of AUD HAD and SLP	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: Do Not Mail This Form To The Board

\_\_\_\_\_

Address: Do Not Mail This Form To The Board

\_\_\_\_\_

City, State, Zip code: Do Not Mail This Form To The Board

\_\_\_\_\_



# MARYLAND

## Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

---

### **BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS, SPEECH-LANGUAGE PATHOLOGISTS & Music Therapist**

Jennifer L. Mertes, Board Chair • Candace G. Robinson, Executive Director

### **Criminal History Records Check - Out of State Applicants**

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapist. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses (including reinstatement of a license or reactivation of a license). Each individual only needs to complete the process once for this Board.

**These instructions are for individuals who reside outside of Maryland where it is inconvenient to come to Maryland to complete the fingerprinting process. Please note that it is best to obtain fingerprints in Maryland. If fingerprints are able to be completed in Maryland please follow the procedure in the In-State instructions.**

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The record checks are conducted by the applicant/licensee being fingerprinted.

CJIS Authorization #:	1600003672
FBI ORI#:	MD920528Z
Reason Fingerprinted:	Audiology license Hearing Aid Dispenser license Speech-Language Pathology license Speech-Language Pathology Assistant license
Type of Check:	Governmental Licensing/Certification

In order to comply with the Criminal History Records Check requirement and to not delay the issuance of a license, please abide by these instructions. Please note that it may take up to five weeks for CJIS to issue the required reports to the Board.

Out-of-state residents may use a location outside the State of Maryland, but must use the CJIS fingerprint card that has pre-printed Board-specific information.

Call the Board at 410-764-4725 to request a fingerprint card. Applicants for an initial license should request a fingerprint card at least six weeks in advance of the anticipated date that licensure is required. License renewal candidates should request a fingerprint card no later than April 15,

2018 to ensure sufficient time to complete the process and complete the online renewal process. These timeframes assume an individual mails the fingerprint card to Maryland CJIS within a week of receiving the fingerprint card and having the fingerprints taken.

Once the fingerprint process is complete you must mail the fingerprint card to the following address with a check for \$31.25 payable to the "CJIS Central Repository."

CJIS Central Repository  
PO Box 32708  
Pikesville, MD 21282-2708

Make a copy of the receipt with the tracking number that was issued to you. Legibly write your full name and profession on the copy being mailed to the Board (may be included with the application for licensure). Mail a copy of the receipt for fingerprinting to:

Maryland Board of AUD HAD SLP  
ATTN: Background Check  
4201 Patterson Avenue, 3rd Floor  
Baltimore, MD 21215

For applicants for initial licensure: Once the results of the background check are received the application process will be completed in accordance with Board regulations and policies.

For renewal applicants: Once the results of the background check are received the Board will make the necessary changes to allow access to the online renewal process within 48 hours (notice will be provided via e-mail).

For additional information contact CJIS:

via telephone at 410-764-4501; or

via their website at [http://www.dpscs.maryland.gov /publicserv s/fingerprint.shtml](http://www.dpscs.maryland.gov/publicserv s/fingerprint.shtml).

Effective October 1, 2016

Every new applicant submitting an application on or after October 1, 2016 for a license issued by the Board must submit a criminal history records check (CHRC) to the Board. This includes license reinstatement and license reactivation when this requirement has not previously been fulfilled.

This is a requirement of the application process and it is a one-time requirement. All fees associated with the criminal history records check requirement must be borne by the applicant/licensee.

A license will not be issued unless proof of the CHRC is on file with the Board.

Individuals with an incomplete application as of October 1, 2016, with the Board must submit a CHRC to the Board. This is a requirement prior to the issuance of a license.

Individuals holding a full license on or after October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410- 764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists for a full description of the requirements.