

# Speech-Language Pathologist

## Limited License Application Checklist

Please read all instructions on this checklist before completing and submitting this application. Upload your completed application with supporting documents using the online application. Please Note: If you have any questions or are unable to complete your application and/or exam online, for assistance with questions, obtaining a paper application, and/or an exam email [Monicah.Wright@maryland.gov](mailto:Monicah.Wright@maryland.gov). Note: If you are completing a paper application, you must return your application along with the required fee. Please make your check or money order payable to: The Board of Examiners for AHSM

### I. All applications require the following items be received at the Board office before the application is complete and ready for Board approval.

- \$100.00 Fee (via Online Payment)
- A recent 2x2 passport size photo
- Signed Application
- Criminal History Records Check (must be received by CJIS before a license can be issued)
- Completed Law and Regulations Examination (requires a passing score of 75% or greater)
- Official Transcript: Official transcript must show degree conferred date. For new graduates the Board will accept a letter from the Department Chair stating that applicant has **completed** all coursework and clinical practicum if transcript does not yet show the degree as having been awarded. The Department Chair letter must also include the date that the degree will be **conferred** and the school's accrediting body and status by CAA or ACAE. **The conferred date must be before the date that an application is approved by the Board. If the degree has not been conferred yet at the time of the Board meeting, it will not be approved until after the degree has been conferred at the next Board meeting.** An applicant obtaining a limited license via Department Chair letter must request from the educational institution the official transcript be sent directly to the Board – the official transcript is due to the Board no later than 60 days after the limited license has been issued. Undergraduate transcripts do not need to be submitted to the Board.
- Signed Privacy Act Form

### II. Additional documents to be submitted:

**If applicant currently holds ASHA -Issued Certificate of Clinical Competency:**

- Primary Source Verification Letter from ASHA confirming current with CCCs
- SLP Resume (if applicant has been practicing more than 5 years)
- Licensure affidavit from All states in which the applicant is currently licensed or has ever been licensed.

### III. Transfer to Full Requirements:

\_\_\_\_\_ Praxis Exam Scores (successfully completed within the past 5 years)

\_\_\_\_\_ Clinical Fellowship Year Verification (Form AS3) or ASHA CCCs if obtained

\_\_\_\_\_ \$150.00 Fee (via Online Payment)

### Requirements for Clinical Fellowship Year (CFY)

#### CFY Time Requirements:

The CFY must be started within two years after completion of the academic coursework and clinical practicum requirements and must then be completed within 24 months, unless extenuating circumstances have not permitted an applicant to do so, and are approved by the Board. The CFY can be completed either by full-time or part-time professional employment. See the requirements on this sheet for full-time or part-time professional employment to meet the supervised practice requirement.

#### Full-Time Requirement Is As Follows:

- 30 or more hours per week for a minimum of 9 months

#### Part-Time Requirements Are As Follows:

- 15-19 hours per week – must work a minimum of 18 months
- 20-24 hours per week – must work a minimum of 15 months
- 25-29 hours per week – must work a minimum of 12 months

**At least 80% of the CFY work must be in direct client contact which includes assessment/diagnosis/evaluation, screening, habilitation/rehabilitation, and activities related to client management.**

The Board will not approve a CFY of less than 15 hours per week.

#### Form AS2:

An applicant for a Limited License shall submit a Form AS2, Verification of Supervision for Limited License Clinical Fellowship Year, with the application to the Board. **The applicant may not begin practicing until the Limited License Application is approved by the Board and the license has been issued.** A Limited License authorizes the applicant to practice only in the setting and under the supervision of the person specified on the Form AS2.

A change in supervisor and/or employment requires Board approval prior to the limited licensee beginning to practice under the new supervisor. The limited licensee and the new supervisor must submit a new Form AS2 to the Board for review.

#### CFY Supervision Requirements:

The supervisor shall provide a minimum of 36 hours of supervisory activities during the clinical fellowship year. Additionally, a minimum of two hours of other monitoring activities each month are to be provided by the supervisor.

#### National Examination Score Report:

The Limited Licensee must request a copy of the National Examination, the Praxis Exam, to be sent to the Board. Applicants for a limited license in speech-language pathology are strongly encouraged to contact ETS to ensure that the Board can view Praxis score reports via the ETS' score reporting system.

A copy of the Praxis exam score report is not required to obtain a limited license, but it is required to be on file to transfer the limited license to a full license when the supervised practice requirement has been met.

### **Renewal of Limited License as a Speech-Language Pathologist**

If an individual that holds a limited license as a speech-language pathologist is unable to obtain at least 9 months of supervised practice as a full-time limited licensee or obtain the specified months of supervised practice as a part-time limited licensee the individual may renew the limited license for an additional year.

The limited license renewal form and the \$25.00 renewal fee must be submitted at least 30 days prior to the expiration of the limited license. An individual with a renewed limited license is eligible for transfer to a full license provided the minimum number of supervised months has been completed prior to the expiration date of the second year of limited licensure.

If an individual fails to obtain the minimum of 9 months of supervision within the two years of limited licensure the individual must wait an additional year after the expiration of the renewed limited license before the individual can reapply for a limited license as a speech-language pathologist.

[Renewal Application – Click Here](#)

### **Transfer of Limited License to Full License**

Upon completion of the CFY (i.e., nine months of supervised practice), the Limited Licensee shall submit to the Board a **Form AS3**, Verification of Satisfactory Completion of CFY, completed by the supervisor. If the CFY was conducted in more than one setting, or under more than one supervisor, a separate Form AS3 must be submitted for each setting or supervisor.

An individual holding a limited license as a speech-language pathologist will be transferred to a full license provided the individual has met all the licensure requirements, the application is complete, and the limited licensee has been supervised for at least 9 months. The Form AS3 must be received by the Board no sooner than the 9 months of supervised practice ends and no later than 30 days prior to expiration of the limited license.

The Limited Licensee must ensure that the Board has a copy of the Praxis Examination scores.

Transfer of a limited license to a full license does not require submission of any other documents provided the licensure file is complete and the limited license is still valid and unexpired. A \$150 fee made payable to the Board of Examiners for AHS is required to complete the application for full licensure.

The expiration date of an initial full license will be May 31st of the following year.

[Transfer to Full Application – Click Here](#)

## **Law and Regulations Examination**

To pass the open book examination, all applicants must score at least 75%.

Applicants who submit their applications online will be sent a link to complete the required law exam electronically. To complete the examination, refer to the law and regulation reference number included with the question. Use the “[Laws \(Statutes\) & Regulations](#)” link on the Board’s web site (left side of the landing page) to access the laws and regulations to answer the questions. Once in the “Laws and Regulations” section, the Laws are accessible through the link at the top of the page and the regulations (COMAR) are accessible through the link at the bottom of the page. A license will **not** be issued unless the Law and Regulation Examination is passed.

## **Criminal History Records Check**

Effective October 1, 2016 an applicant for initial licensure must submit evidence to the Board of an application for a criminal history records check (CHRC).

Information and forms regarding the required CHRC is on the Board’s Forms page (click on Forms in the Quick Links section). The in state (Maryland) pre-filled LiveScan Pre-Registration form is attached to this application to be printed and taken with you to have your fingerprints taken. This form contains our Board-specific codes and is the **ONLY** form that can be used to satisfy this requirement.

In-state applicants and out-of-state applicants near Maryland may go to an authorized fingerprinting location in Maryland. The CHRC resources page on the Board’s website provides a link to the Department of Public Safety & Correctional Services’ list of authorized fingerprinting locations.

An application for licensure will not be processed until the application is complete, including submitting evidence of a criminal history records fingerprint receipt.

Out-Of-State applicants can request a fingerprint card using the link below.  
[Out-of-State Fingerprint Card Requests - Click Here](#)

Please note that the CHRC requirement is in addition to answering the disciplinary questions in the application and a license cannot be issued until the CHRC requirement has been satisfied.

## **TOEFL Scores:**

English as a Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of at least 105 with at least a 26 in Speaking and Listening subtests within the previous two years from the date of application or at least 60 credits from an undergraduate college or university where English was the language of instruction throughout the applicant's inclusive dates of attendance. Please refer to COMAR 10.41.03.03

### **Continuing Education Requirement Notice:**

Continuing education is a requirement to renew a license. Continuing education requirements are prorated for most new licensees depending on the issuance date of the full license. Information regarding the number of continuing education units required to renew a license is provided to new licensees. This information can also be found on our website under the "[Continuing Education](#)" link.

The continuing education requirement for renewing an audiology license is 30 clock hours or 3 Continuing Education Units (CEUs), completed during the two calendar years preceding the expiration date of the license. For example: A license expiring on May 31st, 2023, requires that 30 hours or 3.0 CEUs be completed between 6/1/21-5/31/23 for the June 1, 2023, renewal.

### **Application Processing**

Applications are processed continuously in the order in which they are received at the Board's office. Only completed applications are forwarded to the Board for approval. A complete application includes both the Maryland and FBI required CJIS-issued reports once received by the Board. Please note that CJIS will only discuss fingerprint report statuses with the applicant.

Note\*\*\* Some applications may require further Board review. These applications are processed after the Board has voted and decided at a Board meeting.

### **Notice of Administrative Closure of Application**

**Pursuant to COMAR 10.41.03.08 the Board may administratively close an application if the application remains incomplete for one (1) year after the application was received.**

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 Pathologist-Limited License**

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

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

2. Home Address \_\_\_\_\_  
Street Apt.

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

3. Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email \_\_\_\_\_

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

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

6. Have you previously been licensed in the State of Maryland? \_\_\_\_\_ If yes,

License # \_\_\_\_\_ Date Expired \_\_\_\_\_

7. Have you ever pled guilty, nolo contendere, or been convicted of or received probation before judgment of any criminal act (excluding minor traffic violations)? \_\_\_\_\_ No \_\_\_\_\_ Yes

If "Yes" you must submit (1) a complete explanation discussing your case(s), subsequent employment, rehabilitation, and/or good conduct, if any, and (2) certified copies of your court documents showing the outcome and underlying facts and circumstances of your case(s) must be submitted for review.

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_ CHRC Complete \_\_\_\_\_

CH ( ) MO ( ) Number \_\_\_\_\_ Date \_\_\_\_\_

**Affix current  
2x2 passport  
size photo**

**8. Education**

Graduate School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Date Degree Conferred \_\_\_\_\_

Undergraduate School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Date Degree Awarded \_\_\_\_\_

**9. Department Chair Letter In Lieu of Official Transcript (for recent graduates)**

This section is to be completed by applicants that are recent graduates (up to 60 days after graduation) that are submitting proof of the education requirements with a letter issued by the Department Chair. Department Chair letter must include a statement that the student has completed all coursework and all clinical requirements, the degree conferred date, and the institution’s accreditation.

I hereby affirm that I have read Section 2-310.2 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and Code of Maryland Regulations 10.41.03.03A(2)(a) and that I understand a Master’s degree in speech-language pathology is the minimum educational requirement to hold a limited license in speech-language pathology. I hereby agree that I am solely responsible for ensuring that the Board receives an official transcript of my Master’s degree within 60 days of the issuance of the limited license. I hereby affirm that I will be subject to the grounds for discipline, specifically Section 2-314(10) “Commits any unprofessional act in the practice of ... speech-language pathology.” if the Board does not receive an official transcript within 60 days of the issuance of a limited license.

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

\_\_\_\_\_  
Printed Name of Applicant

**10. Employment for Clinical Fellowship Year**

Date \_\_\_\_\_ Title of Position \_\_\_\_\_

Facility/Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Brief description of duties during clinical fellowship year:

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

**11. Continuing Education Required to Renew A Full License**

This section is to be completed by applicants who are applying for a limited license in speech- language pathology.

I hereby affirm that I understand that pursuant to COMAR 10.41.03.06 the Board has established continuing education requirements to renew a full speech-language pathology license.

I hereby affirm that I understand that the continuing education requirements supersede any private professional association’s requirements to maintain a certification or similar title.

I further affirm that I understand that completing continuing education is not a requirement to hold a limited license in speech-language pathology or to renew a limited license in speech-language pathology. However, I affirm that continuing education activities completed during the time a limited license is held may be eligible for the renewal requirements if certain conditions are met.

I hereby affirm that I will be subject to the grounds for discipline, specifically § 2-314(10), “Commits any unprofessional act in the practice of ... speech-language pathology” if the minimum continuing education requirements are not completed in the appropriate time frame.

I hereby affirm that I understand that information regarding the continuing education requirements to renew a license is posted to the Board’s website.

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

\_\_\_\_\_  
Printed Name of Applicant



**12. Attestation**

**I hereby affirm that I have read Sections §2-101 to §2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by the Board.**

**I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. The fee includes the licensure fee.**

**The undersigned, herewith declares under the penalties of perjury: 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.**

\_\_\_\_\_  
Name of Applicant

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

\_\_\_\_\_  
Date

\*\*\*\*\*

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 required 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.

Please be advised that the disclosure of your Social Security Number (SSN) is mandatory in order to process your application.

Any license application received at the Maryland Board of Examiners for Audiologist, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists without a SSN will not be processed. An application without a SSN is considered incomplete.

The Board is required by federal and Maryland Law to collect this information for the following purposes:

Verification of identity with respect to final adverse actions related to your license or certificate (42 U.S.C. § 1320a-7e(b))

Administration of the Child Support Enforcement Program (Md. Family Law Code Ann., § 10-119.3)

Identification by the Maryland Department of Assessments and Taxation of new businesses in Maryland (Md. Health Occ. Code Ann., § 1-210)

Accordingly, the Board, in order to meet all statutory requirements for the issuance of a license, must have a valid Social Security Number on file for every applicant/licensee.

\*\*\*\*\*

**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 Limited

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

**Verification of Supervision for  
Speech-Language Pathology Clinical Fellowship Year**

*\*\*\*Applicant, please check if any of the following apply regarding the submission of this form:*

<input type="checkbox"/>	Change in Employment Site	<input type="checkbox"/>	Additional Site	<input type="checkbox"/>	Change of Supervisor
<input type="checkbox"/>	Additional Supervisor	<input type="checkbox"/>	Change in Hours		

1. Applicant (Please type or print)

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

B. Address: \_\_\_\_\_  
Street Apt.

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

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

C. Academic Status: \_\_\_\_\_  
College Degree Date Awarded

D. Employment Setting:

1. Facility Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Beginning date of employment: \_\_\_\_\_  
Month Day Year

4. Hours per week spent in Speech-language Pathology? \_\_\_\_\_

5. Is applicant completing a CFY?  Yes  No

**Form AS2**

Revised February 2022



# Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

*See Page 2 for Spanish translation.*

# Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).*

**Autoridad:** La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

**Propósito Principal:** Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

**Usos Rutinarios:** Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

## 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).



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS,  
SPEECH LANGUAGE PATHOLOGISTS & MUSIC THERAPISTS**

**Criminal History Records Check- In Maryland**

A full Criminal History Records Check (CHRC) is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologist, Hearing Aid Dispensers, Speech-Language Pathologist, and Music Therapist. This includes all initial licenses, transfers from limited to full licensure, all renewal licenses, and reinstatement or reactivation of 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 procedures in the Out-of-State instructions.

The Department of Public Safety and Correctional Services (DPSCS), Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The CHRC is initiated by the applicant/Licensee being fingerprinted.

***The following information is required for CJIS application processing:***

<b>CJIS Authorization #:</b>	1600003672
<b>FBI ORI #:</b>	MD920528Z
<b>Reason Fingerprinted:</b>	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist License
<b>Type of Check:</b>	Governmental Licensing/Certification

**Electronic Fingerprinting**

It is best to have your fingerprints taken electronically in the State of Maryland. Electronic Fingerprinting is available at CJIS- 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, 1-888-795-0011 (toll free), or via their website at: <https://www.dpscs.state.md.us/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. Applicants must print and use this pre-filled form that is specific to this Board (<https://health.maryland.gov/boardsahs/Documents/audLiveScan.pdf>).

**Print this LiveScan Pre-Registration Application and take it to the fingerprinting location in Maryland.**

If you are unable to use this pre-filled form, you must have the CJIS authorization number and FBI ORI# to ensure that the required reports are issued to the Board. Please note that this information is specific to this Board. This information is listed on the first page of this notice and can also be found on the homepage of the Board's website.

After your fingerprints are taken, you will be given a receipt for payment that includes a tracking number; this 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" or "limited" license.

Once the results of the background check are received by the Board, the application process will be completed in accordance with the Board's 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 CHRC 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., for which it was completed.

When getting fingerprinted please ensure that the fingerprint operator spells your name correctly and that the correct FBI OIR and CJIS Authorization numbers are used both on your application and inputted electronically into the system. You will have the opportunity to verify your information.

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

**You are advised to call ahead to make sure the provider is open and has the October 1, 2016, software update.**

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 do not have control over the amount of time it may take to complete the check. If you have not received the results of your CHRC after 30 days, please 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, Speech-Language Pathologist, & Music Therapist for a full description of the requirements.



## LIVESCAN PRE-REGISTRATION APPLICATION

### APPLICANT INFORMATION

Please type or print legibly.

Name:					
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: ft.      in.	Weight: lbs.	Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Place of Birth:			Citizenship:		
Street Address:					
City:				State:	Zip Code:
Phone Number:		Driver's License Number:		Email Address:	

### REASON FOR REQUEST

#### INDIVIDUAL

Please select one of the following:

- Gold Seal/Adoption *(Enter Authorization Number if applicable)* \_\_\_\_\_
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge
- Individual Review
- Attorney/Client *(Written Authorization Required)*

#### Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

#### AGENCY

Please select from the following (\*ORI Required):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment*                 | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care*          | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing           |
| <input type="checkbox"/> Criminal Justice*    | <input type="checkbox"/> Maryland State Police Licensing*       |   |

Agency Authorization Number:		
*ORI Number:		
**Position Applied:		



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS,  
SPEECH LANGUAGE PATHOLOGISTS & MUSIC THERAPISTS**

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

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

These instructions are for individuals who reside outside of Maryland, or it is not convenient to come to Maryland to complete the fingerprinting process. please follow the procedures in the Out-of-State instructions.

The Department of Public Safety and Correctional Services (DPSCS), Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The CHRC is initiated by the applicant/Licensee being fingerprinted.

***The following information is required for CJIS application processing:***

<b>CJIS Authorization #:</b>	1600003672
<b>FBI ORI #:</b>	MD920528Z
<b>Reason Fingerprinted:</b>	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist License
<b>Type of Check:</b>	Governmental Licensing/Certification

**Electronic Fingerprinting**

It is best to have your fingerprints taken electronically in the State of Maryland. Electronic Fingerprinting is available at CJIS- approved private providers, most Maryland MVA locations and most local law enforcement offices. If you are able to complete the fingerprint process in Maryland, follow the procedure in the In-State instructions.

In order to comply with the CHRC requirement and to not delay the issuance of a license, please abide by these instructions. Please note that it may take-up to five (5) weeks for CJIS to issue the required report 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 preprinted Board-specific information.

To request an Out-of- State Fingerprint card, please click on the link below.

### [Out-of-State Fingerprint Card Request](#)

Applicants for an initial license should request a fingerprint card at least six (6) weeks in advance of the anticipated date that licensure is required. License renewal candidates should request a fingerprint card no later than April 15<sup>th</sup> to ensure sufficient time to complete the process and complete the online renewal process. These timeframes assumes that 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. Checks are payable to: **CJIS Central Repository**. The address is:

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

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

**Maryland Board of AHSM  
Attn: Background Check  
4201 Patterson Ave, 3<sup>rd</sup> Fl  
Baltimore, MD 21215**

**Initial licensure applicants:** Once the results of your background check are received, the application process will be completed in accordance with the Board's regulations and policies

**Renewal applicants:** once the results of your 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).

*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, 1-888-795-0011 (toll free), or via their website at:

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

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.

### **General Information**

Pursuant to federal law, a CHRC 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., for which it was completed.

When getting fingerprinted please ensure that the fingerprint operator spells your name correctly and that the correct FBI OIR and CJIS Authorization numbers are used both on your application and inputted correctly into the system. You will have the opportunity to verify your information.

**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 do not have control over the amount of time it may take to complete the check. If you have not received the results of your CHRC after 30 days, please 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, Speech-Language Pathologists, & Music Therapists for a full description of the requirements.

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

**Verification of Satisfactory Completion of Speech-Language Pathology Clinical Training**

I hereby declare that \_\_\_\_\_  
Name of Applicant

Address \_\_\_\_\_

an applicant for Maryland licensure in speech-language pathology, was employed as a professional in that field from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ hours per week.  
(mm/dd/yyyy) (mm/dd/yyyy)

The place of employment was \_\_\_\_\_  
Facility Name

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

I further declare that the applicant was supervised by \_\_\_\_\_  
Printed Name of Supervisor

At that time the supervisor held:

Maryland License in SLP  
 ASHA Certification in SLP  
 A License in SLP from \_\_\_\_\_  
State

whose licensure requirements were equivalent to ASHA certification or ABA certification.

I verify that during the employment period, the applicant reached a satisfactory level of competence in the area in which full licensure is sought.

\_\_\_\_\_  
Signature of Supervisor Title

\_\_\_\_\_  
Current Phone Number Date

**Form AS3**

Revised July 2022



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Maryland Department of Health  
**Board of Examiners for Audiologist, Hearing Aid Dispensers,  
Speech-Language Pathologist and Music Therapist**  
4201 Patterson Avenue, 3rd Floor  
Baltimore, MD 21215  
Phone – 410-764-4725 Fax 410-358-0273  
Maryland Relay Service 1-800-735-2258

---

## Public Information Act (PIA) Form

When you applied for a license to practice audiology, hearing dispensing, speech-language pathology or music therapy, the application included your official mailing address to be used by the Board to send all mail.

Under the Public Information Act the public is granted access, or can be denied access, to records. This notice is to inform you that your name and address is on a mailing roster and is available to the public for purchase. Please complete this form and return it to the Board. If you do not return this form, you are giving the Board permission to keep your name and mailing address on the roster.

---

\_\_\_\_\_ Yes, keep my name and mailing address private from the public roster for sale.

\_\_\_\_\_ No, do not keep my name and mailing address private from the public roster for sale.

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

\_\_\_\_\_  
License Type

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date