

Speech-Language Pathology Assistant

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 mdh.boardofahsm@maryland.gov.

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

_____ Implicit Bias Training

II. Additional documents to be submitted:

Education Requirement:

A. Official transcript from college or university verifying one of the following degrees (applicant must have graduated within 5 years prior to application and transcript must be sent directly to the Board):

_____ Bachelor's Degree in Speech-Language Pathology or Communication Disorders

_____ Associate's Degree from an approved SLP Assistant Program

____ Associate's Degree or higher in an allied health field from an accredited institution with minimum course work that includes at least 3 credit hours in normal speech-language development; speech disorders; anatomy and physiology of speech systems; language disorders; and phonology (Attach **Form SA2** describing required minimum coursework as stated on transcript)

B. Clinical Hours Requirement (not required if applicant attended an approved SLP Assistant program)

Documentation of 25 hours of clinical observation and 75 hours of clinical assistance experience. Submit one of the following (either the Form SA3 or the Form SA4):

____ **Form SA3** Education Institution Verification of Completion of Required Clinical Hours for applicants that completed the minimum of 25 hours of clinical observation and 75 hours of clinical assistance experience in the educational institution

____ **Form SA4** Alternate Plan for Obtaining Required Clinical Hours signed by applicant and Supervising Speech-Language Pathologist. This form is required if the applicant did not obtain any or all of the required clinical hours in the educational program. Please note: all required clinical observation hours (25) and clinical assistance hours (75) *must be completed within 60 days of the issuance of the limited license* and the **Form SA5** must be submitted by the applicant no later than 90 days after issuance of the limited license. Failure to submit the **Form SA5** will result in the limited license becoming null and void

C. Delegation Agreement (**Form SA6**) completed by each Supervising Speech-Language Pathologist

The supervising speech-language pathologist must meet either of the following two conditions:

- a. be licensed in the State of Maryland; or
- b. if exempt from licensure in Maryland hold the Certificate of Clinical Competency from ASHA.

To Be Submitted After Initial Limited License Has Been Issued

If a Form SA4 has been submitted to the Board the **Form SA5** is due to the Board not sooner than 60 days and not more than 90 days after the limited license is issued. The Form SA5 documents the completion of the 25 clinical observation hours and 75 clinical assistance hours within 60 days after the limited license is issued. Limited licensees are encouraged to submit the SA5 form online in the 'other licensure forms' tab on our website at <https://health.maryland.gov/boardsahs/Pages/forms.aspx>. If the Board does not receive this form before the date specified in the licensure letter the limited license is null and void; the Board will send a notice of a null and void limited license to the individual. If a limited license is null and void the individual would be required to submit another application for limited licensure.

The Competency Skills Checklist, **Form SA7**, is due after 9 months of practice under the limited license but no more than 12 months after the limited license has been issued. If the Limited Licensee has more than one supervisor, the Limited Licensee must have each supervisor complete a Form SA7. The Limited Licensee is responsible for submitting the Form SA7s to the Board. If the Limited Licensee does not submit the Competency Skills Checklist the Limited License will be null and void.

Renewal of Limited License as a Speech-Language Pathology Assistant

If an individual that holds a limited license as a speech-language pathology assistant 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, and/or is unable to complete the items identified in the Competency Skills Checklist the individual may renew the limited license for an additional year. The 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 and the Competency Skills Checklist has been submitted to the Board.

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 pathology assistant.

[Renewal Application – Click Here](#)

Transfer of Limited License to Full License

An individual holding a limited license as a speech-language pathologist assistant will be transferred to a full license provided the individual has met all the requirements, the limited licensee has been supervised for at least 9 months and the supervisor has determined the individual to be competent for a full license. The Form SA7 must be received by the Board no sooner than the 9 months of supervised practice ends and no later than 60 days prior to expiration of the limited license. The limited licensee does not need to fill out another application; however, a fee of \$100 payable to the Board of Examiners for AHS is required to obtain a full license as a speech-language pathology assistant.

[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 Dispenser, 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

Application for Speech-Language Pathology Assistant – Limited 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 _____

Professional Address: _____
Facility or Company's Name

Street Suite #

City State Zip Code

Telephone #: _____ Fax: _____ E-Mail: _____

Anticipated Beginning Date of Employment: _____

Received _____ **For Office Use Only**
CK () MO () Number _____

CHRC Completed _____

Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?
_ _ No _ _ Yes If "Yes" attach full details.

Has any disciplinary action ever been taken against any license in any other jurisdiction?
No Yes **If yes, please attach full explanation.**

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. Bachelor's Degree in Speech-Language Pathology or Communication Disorders?

_ Yes _ No

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

3. Associate Degree in an allied health field with 15 hours in required minimum course work?

_ Yes No

Note: 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.

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 attended 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 issuance.

Practice 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

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

Implicit Bias Training- By checking this box, I hereby attest that I have completed an Implicit Bias training program approved by the Office of Minority Health and Health Disparities under Article II § 17(c) of the Maryland Constitution, May 30, 2021.

***** 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 (SSN) 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.

Please be advised that the disclosure of your 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 Pathologist, and Music Therapist without an SSN will not be processed. An application without an 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.

§1320a7e(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-A

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

Privacy Act Statement

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

NONCRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ 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), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not 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.³

Updated 11/6/2019

I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant’s Privacy Rights.

Print Name

Signature

Date

¹ Written notification includes electronic notification, but excludes oral notification. ² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>
³ 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) and 906.2(d).



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., 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 Therapists. 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:

CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist 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 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 Therapists 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:		



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

***BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS, SPEECH
LANGUAGE PATHOLOGIST, & 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 Therapists. 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:

CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist 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 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, Contact the Board [Click Here](#). Or visit our website; using the link <https://health.maryland.gov/boardsahs/Pages/forms.aspx>

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 15th 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 \$30.00. 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, 3rd 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 polices

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 Pathologist, & Music Therapists for a full description of the requirements.

Maryland Department of Health

Form SA2

**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 observation hours
Applicant
and clinical assistance hours during the time the applicant was a student.

25 Clinical Observation Hours Completed From _____ to _____

75 Clinical Assistance Hours Completed From _____ to _____

Signature

Title

Print Name

Phone

FORM SA4

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

Alternative Plan for Obtaining Required Clinical Hours

This form must be completed if you have not obtained the required 25 clinical observation hours and 75 clinical assistance hours from your educational institution.

Applicant (Please Type or Print)

Name: _____
Last First Middle/Maiden

Address: _____
Street Apt. #

City State Zip Code

Phone: _____ E-mail _____

Supervising Speech-Language Pathologist

Name: _____
Last First Middle/Maiden

Professional Address: _____
Facility or Company's Name

Street Suite #

City State Zip Code

Telephone # _____

This Plan must be approved by the Board and a Limited License issued **before** any clinical observation or clinical assisting experience is obtained. Experienced gained in violation of the laws and regulations will not be accepted as having met the licensure requirements.

The Alternative Plan must ensure that the applicant will obtain the required 25 clinical observation hours and 75 clinical assisting hours **within 60 days** of the applicant's receipt of a limited License. The plan shall be designed and signed by the supervising speech-language pathologist. If the Board does not receive proof of successful completion of the hours by the end of 90 days, the assistant's Limited License is void and the assistant will need to reapply.

The 75 hours of clinical assistance shall include 100% direct supervision by the supervising speech-language pathologist of the speech-language pathologist assistant during any client contact hours. The first month of clinical hours must start after the Board approves the **Form SA4**.

Pursuant to COMAR 10.41.11.08(B) “a licensed full-time (35 hours or more a week) speech-language pathologist may not supervise more than the equivalent of two full-time (35 hours or more a week) speech-language pathology assistants.” Pursuant to COMAR 10.41.11.08(C) “a licensed part-time (35 hours or more a week) speech-language pathologist may not supervise more than the equivalent of one full-time (35 hours or more a week) speech-language pathology assistant.” The Board will not issue a full SLP-A license or limited SLP-A license to an applicant until it is satisfied that the supervisor noted on the Form SA4 is in compliance with the foregoing regulations.

Alternative Plan for Clinical Hours

Week	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Observation Hours	Assistance Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
		Grand Total Hours:		

Signature of Applicant _____ Date _____

Signature of Supervisor _____ Date _____

Supervisor: (select one of the following)

- Holds MD License in Speech-Language Pathology
- Holds ASHA CCC-SLP
- Holds Licensure in SLP in State of _____

FORM SA5

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 Completion of Required Clinical Hours

The limited licensee must submit the Form SA5 to the Board when the assistant has completed the required 25 clinical observation hours and 75 clinical assistance hours. The required hours *must be completed within the first 60 days of issuance of Limited Licensure*. This form must be submitted to the Board by the end of 90 days of issuance of a Limited License as specified in the letter received with the limited license. If this form is not submitted by the date specified in the letter enclosed with the limited licensee the limited license becomes null and void per COMAR 10.41.11.03(B)(2)(e).

Applicant (Please Type or Print)

Name: _____
Last First Middle/Maiden

Address: _____
Street Apt. #

City State Zip Code

Phone: _____ E-Mail: _____

Supervising Speech-Language Pathologist

Name: _____
Last First Middle/Maiden

Address: _____
Facility or Company Name

Street Suite #

City State Zip Code

Phone #: _____ E-Mail: _____

I verify that, _____, a Speech-Language Pathology Assistant Applicant under my supervision has completed 25 hours of clinical observation and 75 hours of clinical assisting experience as indicated below:

Week	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Observation Hours	Assistance Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
		Grand Total Hours:		

Signature of Supervisor: _____ Date: _____

Supervisor: (check one of the following)

Holds MD License in Speech-Language Pathology, License # _____

Holds ASHA CCC-SLP, Certificate # _____

Holds Licensure in SLP in State of _____, License # _____

If the Board does not receive proof of successful completion of the clinical hours by the end of 90 days, the Speech-Language Pathology Assistant's Limited License will be null and void. The Speech-Language Pathology Assistant may practice only after reapplying for a new limited license.

FORM SA6

**Maryland Department of Health
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

Delegation Agreement

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

Check one: Audiology Assistant____ Speech-Language Pathology Assistant ____

Assistant Information:

Applicant's Name: _____

Mailing Address: _____

Day Phone: _____ Evening Phone: _____

If licensed as an assistant, Maryland SLP/AUD Assistant License Number: _____

Supervisor Information

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Maryland License Number: _____ and/or ASHA Number: _____

Check one: Audiologist____ Speech-Language Pathologist ____

Facility Information (where the Assistant will be practicing)

Facility Name: _____

Facility Address: _____

Contact Person: _____ Phone: _____

FORM SA6

Will the supervisor be responsible for the practice of the assistant at additional facilities?

Yes No

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

Delegation Agreement

The Speech-Language Pathology Assistant or Audiology Assistant named in this Delegation Agreement is authorized to assist the licensed supervisor named in this agreement in the implementation of treatment goals and related activities as outlined in the Regulations (COMAR 10.41.11) under the direction of the supervisor at the above named facility(ies).

The Supervisor agrees to supervise the Assistant according to the standards outlined in the COMAR regulations.

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

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

Signature of Assistant

Date

Signature of Supervisor

Date

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

Competency Skills Checklist

At the beginning of the Assistant's Limited Licensure:

The Supervising Speech-Language Pathologist and the Speech-Language Pathology Assistant should review the Competency Skills Checklist at the beginning of the period of limited licensure and periodically thereafter. Discussion of the skills required and review of the Assistant's progress towards acquiring these skills can prove useful throughout the limited licensure period. Using the Checklist as a learning tool will provide clear goals for the Assistant and lead to the successful completion of the Checklist at the end of the nine months of supervised practice.

After 9 months of supervised practice:

The Competency Skills Checklist is to be completed by the supervising Speech-Language Pathologist after the Speech-Language Pathology Assistant has completed a minimum of nine (9) months of supervised practice under a limited license. Completion of the Checklist verifies that the Assistant has acquired the skills and knowledge needed to receive a full license as a Speech-Language Pathology Assistant.

The Speech-Language Pathology Assistant shall submit the completed Competency Skills Checklist to the Board at least 60 days before the limited license expiration date.

Competency Skills Checklist

Speech-Language Pathology Assistant: _____

Supervising Speech-Language Pathologist: _____

Directions: The supervising speech-language pathologist marks Yes or No to indicate that the assistant is competent and meets the criteria. If the supervisor marks “not applicable” (N/A), the supervisor must include an explanation.

I. Interpersonal Skills

Standard: The speech-language pathology assistant actively demonstrates cooperation, adaptability, and effective communication.

1. Criteria: Deals effectively with the attitudes and behaviors of the patients/clients

	Yes	No
a. Maintains appropriate patient/client relationships	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicates effectively and with sensitivity the needs of the patient/client, family and caregivers	<input type="checkbox"/>	<input type="checkbox"/>
c. Addresses/considers patient/client and significant others cultural needs and values	<input type="checkbox"/>	<input type="checkbox"/>
d. Demonstrates insight into patient/client and caregivers attitudes and behaviors	<input type="checkbox"/>	<input type="checkbox"/>
e. Refers patient/client/caregivers/other professionals to the supervising speech-language pathologist when appropriate	<input type="checkbox"/>	<input type="checkbox"/>
f. Other:	<input type="checkbox"/>	<input type="checkbox"/>

2. Criteria: Communicates and interacts effectively with supervisor

	Yes	No
a. Accepts and responds appropriately to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>
b. Requests assistance from supervisor appropriately	<input type="checkbox"/>	<input type="checkbox"/>
c. Actively participates in interactions with supervisor	<input type="checkbox"/>	<input type="checkbox"/>
d. Other:	<input type="checkbox"/>	<input type="checkbox"/>

II. Personal Qualities:

Standard: The speech-language pathology assistant demonstrates professional behavior and confidentiality.

1. Criteria: Demonstrates behaviors of a dependable team member which may include:

	Yes	No
a. Arrives punctually to appointments with prepared assignments	<input type="checkbox"/>	<input type="checkbox"/>
b. Submits documentation on time	<input type="checkbox"/>	<input type="checkbox"/>
c. Completes assigned tasks within designated treatment session	<input type="checkbox"/>	<input type="checkbox"/>

2. Criteria: Demonstrates appropriate conduct in the work environment, which may include:

	Yes	No
a. Maintains confidentiality of client information at all times	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintains professional appearance for work environment	<input type="checkbox"/>	<input type="checkbox"/>
c. Recognizes own professional limitations and performs within the boundaries of training and job responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

III. Technical-Assistant Skills

Standard: The speech-language pathology assistant assists the therapist in providing adequate treatment.

1. Criteria: Maintains a facilitating environment for all tasks

	Yes	No
a. Adjusts environment to facilitate learning (i.e. lights, noise, etc)	<input type="checkbox"/>	<input type="checkbox"/>
b. Organizes treatment space appropriately	<input type="checkbox"/>	<input type="checkbox"/>
c. Other:	<input type="checkbox"/>	<input type="checkbox"/>

2. Criteria: Selects prepares and presents materials effectively

	Yes	No
a. Selects and prepares appropriate treatment materials	<input type="checkbox"/>	<input type="checkbox"/>
b. Selects treatment materials based on clients age, needs, culture and motivation	<input type="checkbox"/>	<input type="checkbox"/>

3. Criteria: Complies with documentation standards

	Yes	No
a. Documents treatment plans and protocols accurately, completely and concisely for the supervising speech-language pathologist	<input type="checkbox"/>	<input type="checkbox"/>
b. Documents client progress and performance to supervisor	<input type="checkbox"/>	<input type="checkbox"/>
c. Signs documents and assures co-signature when required	<input type="checkbox"/>	<input type="checkbox"/>
d. Prepares and maintains client records, charts, graphs, objective data as directed by the supervisor	<input type="checkbox"/>	<input type="checkbox"/>

4. Criteria: Provides assistance to the supervising speech-language pathologist

	Yes	No
a. Assists the supervisor as directed during assessments by the speech-language pathologist	<input type="checkbox"/>	<input type="checkbox"/>
b. Assist with informal documentation	<input type="checkbox"/>	<input type="checkbox"/>
c. Schedules activities appropriately	<input type="checkbox"/>	<input type="checkbox"/>
d. Participates with the supervisor in research projects	<input type="checkbox"/>	<input type="checkbox"/>
e. Participates in in-services training	<input type="checkbox"/>	<input type="checkbox"/>
f. Participates in public relations programs	<input type="checkbox"/>	<input type="checkbox"/>
g. Performs checks and maintenance of equipment	<input type="checkbox"/>	<input type="checkbox"/>

IV. Screenings

Standard: The speech-language pathology assistant will provide appropriate screening procedures.

1. Criteria: Administers screening tools appropriately as directed by the supervisor for communication and/or swallowing disorders which may include

	Yes	No
a. Differentiates correct vs. incorrect responses	<input type="checkbox"/>	<input type="checkbox"/>
b. Completes screening protocol form accurately	<input type="checkbox"/>	<input type="checkbox"/>

2. Criteria: Manages screening

	Yes	No
a. Reports any difficulties encountered with screening procedures	<input type="checkbox"/>	<input type="checkbox"/>
b. Schedules screenings	<input type="checkbox"/>	<input type="checkbox"/>
c. Organizes screening materials	<input type="checkbox"/>	<input type="checkbox"/>

3. Criteria: Communicates results to supervising speech-language pathologist

	Yes	No
a. Seeks guidance when appropriate	<input type="checkbox"/>	<input type="checkbox"/>
b. Provides descriptive behavioral observations that contribute to results	<input type="checkbox"/>	<input type="checkbox"/>

V. Treatment

Standard: The speech-language pathology assistant provides appropriate treatment resulting in optimal client improvement.

1. Criteria: Performs treatment tasks as outlined by the supervisor

	Yes	No
a. Accurately and efficiently follows treatment plans developed by the speech-language pathologist	<input type="checkbox"/>	<input type="checkbox"/>
b. Incorporates feedback from speech-language pathologist for modifying own behavior with the client, caregivers and other professional staff	<input type="checkbox"/>	<input type="checkbox"/>

2. Criteria: Manages client behavior and provides appropriate treatment

	Yes	No
a. Maintains on-task behavior	<input type="checkbox"/>	<input type="checkbox"/>
b. Provides appropriate feedback to the client as to the accuracy of the response	<input type="checkbox"/>	<input type="checkbox"/>
c. Uses feedback and reinforcement that are consistent, discriminating and meaningful	<input type="checkbox"/>	<input type="checkbox"/>
d. Gives direction and instructions that are age, education and culturally appropriate	<input type="checkbox"/>	<input type="checkbox"/>
e. Implements treatment objectives/goals in specified sequence	<input type="checkbox"/>	<input type="checkbox"/>
f. Applies behavior modification and other reinforcement behavior appropriately as designated by the speech language pathologist	<input type="checkbox"/>	<input type="checkbox"/>

3. Criteria: Demonstrates knowledge of treatment objectives and plan

	Yes	No
a. Demonstrates understanding of client disorder and needs	<input type="checkbox"/>	<input type="checkbox"/>
b. Identifies correct vs. incorrect responses	<input type="checkbox"/>	<input type="checkbox"/>
c. Identifies client behaviors which demonstrate an improvement in function	<input type="checkbox"/>	<input type="checkbox"/>
d. Accurately reports completion of tasks	<input type="checkbox"/>	<input type="checkbox"/>

I verify that, _____,

Speech-Language Pathology Assistant has completed a minimum of nine (9) months of supervised practice as a Speech-Language Pathology Assistant under my supervision and has obtained the knowledge and skills needed to obtain a full license as a Speech-Language Assistant.

Supervising Speech-Language Pathologist

Date

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

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? No Yes

If yes, please explain or attach additional explanation.

Signature _____ Date _____

Title _____

State Board of _____

State of _____

State Seal Here



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., 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 Number

Signature

Date