

## Speech-Language Pathologist – Full License Application Checklist & Application

### PLEASE NOTE:

**While we will accept electronic documents sent in the form of a scanned pdf (phone screenshots are not acceptable) to help expedite the licensing process, we will NOT accept ANY documents without original signatures and notarizations. Documents without original signatures and/or notarizations will be considered incomplete and the application will not be approved. Original documents of any electronic pdf submissions, must ALSO be sent to the Board office within 60 days of the issuance of a license. If you wish to submit electronic documents, please email them to [monicah.wright@maryland.gov](mailto:monicah.wright@maryland.gov) and CLEARLY indicate your name and type of attached application in the subject line.**

### **I. All applications require the following items be received at the Board office, *in addition to the items in either section II or III*, before the application is complete and ready for Board approval:**

- \$150.00 Fee (check or money order payable to the Board of SLP)
- A recent 2x2 passport size photo
- Signed and Notarized Application
- Criminal History Records Check (must be received by CJIS before a license can be issued)
- Completed Law and Regulation Examination (requires a passing score of 75% or greater)

### **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 CCC-SLP
- Brief Resume (if applicant has been practicing more than 5 years)
- License affidavit from **all** states in which the applicant is currently licensed or has ever been licensed

#### **If Applicant Does Not Hold ASHA-Issued Certificate of Clinical Competency:**

- Official Speech-Language Pathology Master's Degree Transcript
- Praxis Exam Scores (successfully completed within the past 5 years)
- Clinical Fellowship Year Plan (Form AS2)
- Clinical Fellowship Year Verification (Form AS3)

**III. Applicants who currently hold an active Maryland Limited License in Speech-Language Pathology ONLY need to Submit the Following once the Clinical Fellowship Year (CFY) is complete (a new Speech-Language Pathology application is NOT needed):**

\_\_\_\_\_ \$150 Fee (check or money order payable to the Board of SLP) **AND:**

\_\_\_\_\_ **EITHER of the following two options:**

**Option A** - AS3 form for verification of completion of the clinical fellowship year **AND** Passing score on the Praxis examination sent directly to the Board by ETS. An official Master's Degree transcript sent directly to the Board by the school from which the degree was conferred (this should have been submitted within 60 days of your limited license).

**Option B** – Primary Source Verification of holding the CCC-SLP sent directly to the Board from the American-Speech-Language-Hearing Association (ASHA)

**Note: Law and Regulations Examination**

To pass the open book examination, all applicants must score at least 75. You can download the examination from the Board's web site at <https://health.maryland.gov/boardsahs/>.

Use the Forms Link to download and print a copy of the law examination. 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.

**Note: 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).

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

All applicants should download, fill out, and print the Board's pre-filled LiveScan Pre-Registration Form. The form has relevant Board-specific information already on the form. This form must be presented to the fingerprinting service.

Application forms can be found on the CHRC resources page on the Board's website, by clicking on the "Forms" link. Once you are in the "Forms" section, you will see the information there.

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.

Out-of-state applicants must contact the Board's administrative assistant to provide the name and address of where to send the fingerprint card. Applicants may call 410-764-4725 or email [monicah.wright@maryland.gov](mailto:monicah.wright@maryland.gov), to request and provide their information. Official out-of-state fingerprint cards may be mailed directly to the applicant before submission of an application for licensure to this Board.

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.

### **Continuing Education Requirement Notice**

Continuing education is a requirement to renew a license. Continuing is prorated for most new licensees depending on the issuance date of the full license. Information regarding the amount of continuing education required to renew the license is issued to new licensees.

The continuing education requirement for renewing a speech-language pathology license is 30.0 hours (clock hours) or 3.0 CEUs, completed during two calendar years ending on December 31<sup>st</sup> of the year preceding the expiration date of the license. For example, a license expiring on May 31<sup>st</sup>, 2020, requires that 30 hours or 3.0 CEUs be completed between 1/1/2018-12/31/2019, for the June 1, 2020 renewal.

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

4201 Patterson Avenue, Baltimore, Maryland 21215-2299  
Phone 410-764-4725 Fax 410-358-0273  
TTY/Maryland Relay Service 1-800-735-2258

**Speech-Language Pathologist Full License Application**

Date \_\_\_\_\_

**II. Affix current  
2x2 passport size photo**

**\*\*\*\*\*Please refer to the Speech-Language Pathologist Full License Application Checklist included with this application, to ensure proper completion of either a speech-language pathology limited license converting to full license, or a first time speech-language pathology full license applicant\*\*\*\*\***

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

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

City State Zip Code

Home Phone \_\_\_\_\_ Alternate # \_\_\_\_\_ Email \_\_\_\_\_

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

Have you previously been licensed in the State of Maryland? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, License # \_\_\_\_\_ Date Expired \_\_\_\_\_

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

\_\_\_\_\_ No \_\_\_\_\_ Yes

***If yes, please provide detailed explanation on a separate sheet of paper and attach it to the application as well as court documentation.***

**II. Education**

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

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

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

**For Office Use Only**

CHRC \_\_\_\_\_ CH( ) MO( ) Number \_\_\_\_\_ Received \_\_\_\_\_

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

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

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

**III.** Do you currently hold the American Speech-Language Hearing Association Certificate of Clinical Competence in Speech-Language Pathology? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, date originally granted \_\_\_\_\_ \*\*

- Clinical Fellowship Year completed? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Praxis Examination in Speech-Language Pathology Passed? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If No, the applicant must submit Praxis scores showing successful completion within 5 years of submission of this application, the AS2 and AS3 Forms with original signatures, and, an official transcript showing a conferred Master's degree in Speech-Language Pathology from an accredited program, sent directly from the graduate institution to the Board.*

OR

*If No, and the applicant previously held the ASHA CCC-SLP, an official letter from ASHA indicating when the CCC-SLP was earned and when it expired, must be submitted along with this application. The Board will determine whether or not they will grant the license once in receipt of this letter from ASHA, along with an otherwise completed application.*

**\*\*If you answer "no" to III. above, OR, if your CCC-SLP was granted more than 5 years ago, please also enclose a professional resume and proceed to IV. below. \*\***

**IV.** Employment during Clinical Fellowship Year – *must submit a Form AS2 and AS3 for each place of employment during the period of limited licensure. \*\**

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

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

Brief description of duties

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Are you now or have you ever been licensed in any other state? \_\_\_\_\_ If yes, please complete the first page of the Licensure Affidavit ( AS4). Request the State licensure Board to return the completed form to the Maryland Board office.

I am licensed in the following states \_\_\_\_\_

I was licensed in the following states \_\_\_\_\_

**VI.** Has any disciplinary action ever been taken against any license you have held in any other jurisdiction?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes

*If yes, please provide a detailed explain on a separate sheet attached to this application.*

**VII.** Have this Affidavit completed by a Notary Public

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

*State of* \_\_\_\_\_ *City/County of* \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Notary

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_

\*\*\*\*\*

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

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee’s identity or to enable the Board to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.

Your Social Security Number is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

\*\*\*\*\*

**Race/Ethnic Identification**

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

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

**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 Full





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TTY/Maryland Relay Service 1-800-735-2258

**Verification of Satisfactory Completion of  
Speech-Language Pathologist Clinical Fellowship Year**

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

of \_\_\_\_\_  
Street City State Zip Code

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 \_\_\_\_\_  
Name of Supervisor

At that time the CFY supervisor held (must be at least one of the following):

- Maryland License in Speech-Language Pathology License # \_\_\_\_\_
- ASHA Certification in Speech-Language Pathology Certificate # \_\_\_\_\_
- A License in Speech-Language Pathology from the State of \_\_\_\_\_  
from which licensure requirements were equivalent to ASHA certification.

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

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

**Licensure Board Affidavit**

*This section is to be completed by the speech-language pathologist applying for a Maryland license.*

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

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

Graduate of \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

*This portion of the affidavit is to be completed by the Licensure Board you are requesting verification from.*

**\*\*Please verify the license of the above applicant in your state of jurisdiction\*\***

State \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_

With State Examination \_\_\_\_\_ Without Examination \_\_\_\_\_

Is license in good standing? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has the license ever been suspended or revoked? \_\_\_\_\_ If yes, please explain why:  
Attach a separate sheet

Has the license been reinstated? \_\_\_\_\_

Has any disciplinary action been taken against the licensee? \_\_\_\_\_ If yes, please explain:

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

Is there any derogatory information on file concerning this licensee? \_\_\_\_\_ If yes, please explain:

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

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

Title \_\_\_\_\_

Affix Board  
Seal Here

**Form AS4**

Revised October, 2020

NOTES: