



Application Checklist for *Speech-Language Pathology Assistant*

Visit our [Frequently Asked Questions](#) page (link available under the Applicant/Registrant tab) for more information. If you need additional assistance, please email the Board at speechandhearing@dca.ca.gov.

Items 1-6 are required for the issuance of a SLPA registration.

1. Application

Remember to attach a 2x2 passport quality photograph.

2. Fees

\$50 check or money order to the Board, made payable to SLPAHADB.

3. Official Paper Transcripts

Must be submitted in an envelope sealed by the institution

4. Photocopy of Diploma (unless posted on transcript)

5. Verification Form (submit only one of these forms)

Fieldwork Experience Verification Form (two-year SLPA program/Associate's program)

Fieldwork Experience Verification Form – Undergraduate Clinical Experience (Bachelor's program)

6. Fingerprints

California applicants are required to use Live Scan for fingerprinting; submit a copy of the completed live scan form to the Board. Fees are paid directly to the Live Scan operator.

Out-of-State applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49 (DOJ and FBI processing fee). You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab.

- **Please note:** one (1) check or money order in the amount of \$99 (\$50 licensing fee and \$49 fingerprint card processing fee) may be submitted; made payable to SLPAHADB.

*Item listed below required **after** the SLPA registration is issued, prior to performing SLPA duties.*

Supervisor Responsibility Statement – This form is to be completed with your supervisor upon employment as a SLPA. The form must be sent to the Board within thirty (30) days of the commencement of supervision.

Please note, although the Board may issue your SLPA registration, you cannot perform the duties and functions of a SLPA until you have an approved supervisor on file with the Board.



Speech-Language Pathology Assistant APPLICATION FOR REGISTRATION \$50.00

INSTRUCTIONS: Do not print this application double-sided. Do not use white-out. Any corrections to this form must be crossed out and initialed. The completed application form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

QUALIFYING EDUCATION (Check only one): Associate's Degree Bachelor's Degree

Please type or print legibly.

1.	FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2.	OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3.	STREET ADDRESS:			
4.	CITY, STATE, ZIP CODE:			
5.	PHONE:			
6.	SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):			
7.	DATE OF BIRTH: (MM/DD/YYYY)			
8.	EMAIL ADDRESS:			
9.	ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF AN ACTIVE DUTY MILITARY PERSONNEL? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide evidence that the application is married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the united states who is assigned to a duty station in California under official active duty orders; and 2) hold a current license in another state, district, or territory of the united states in speech-language pathology or audiology.			
10.	ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the board that the applicant has served as an active duty member of the armed forces for the united states and was honorably discharged.			

ATTACH 2" X 2"
PASSPORT QUALITY
 PHOTOGRAPH HERE.

MUST BE AN ACTUAL PHOTOGRAPH,
 NOT A PAPER COPY.

PHOTOGRAPHS MUST BE TAKEN
 WITHIN 60 DAYS OF THE FILING DATE
 OF THIS APPLICATION

PRINT YOUR FULL NAME ON THE
 BACK OF THE PHOTOGRAPH

11. List name and location of all satisfactorily completed undergraduate education. You must have official transcripts mailed to the Board in an envelope sealed by the university from each institution.				
INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	TYPE OF DEGREE RECEIVED	DATE DEGREE RECEIVED
12. If the applicant did not complete a speech-language pathology assistant program approved by the Board, the applicant must submit evidence of completion of the required fieldwork experience or employment work experience in conjunction with academic course requirements, pursuant to Title 16 of the California Code of Regulations, Section 1399.170.11. A fieldwork experience verification form must be completed and submitted with this application.				
Please check only one of the appropriate qualifying experiences:				
<input type="checkbox"/> Fieldwork from Board Approved SLPA Program/Associate's Degree Program				
<input type="checkbox"/> Fieldwork from Bachelor's Degree Program				

	YES	NO
13. Have you ever been licensed to practice speech-language pathology or audiology in any state or country? If yes, list state(s) and/or country? _____	<input type="checkbox"/>	<input type="checkbox"/>

A YES answer to any of the questions below (14 through 17), requires you to complete and submit the Discipline Reporting Form.

	YES	NO
14. Have you ever been the subject of a disciplinary action or have any <i>pending</i> disciplinary action taken or charges filed against any speech-language pathology, audiology, hearing aid dispensing, or other healing arts license? Include any disciplinary action taken by any other state or federal government entity? <i>This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you had any pending investigations by any state or federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or any other healing arts profession, in any state or country?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country?	<input type="checkbox"/>	<input type="checkbox"/>

You must report to the Board the result of any actions which have been filed or are pending against any speech-language pathology or audiology license you hold at the time of filing this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business and Professions Code.

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Applicant's Signature

Date

INFORMATION COLLECTION AND ACCESS The information requested on this application is mandatory and is maintained by the Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board, 2005 Evergreen Street, Suite 2100, Sacramento, CA 95815, 916-263-2666. Information provided may be transferred and may be transferred to other governmental and enforcement agencies as may be necessary to permit the board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory and collection is authorized by BPC sections 30 and 31. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, you may be reported to the Franchise Tax Board (FTB) and be assessed a penalty of \$100. Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board if a registrant does not pay his or her state tax obligation, the registration may be suspended.

Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if your tax obligation is not paid.



Speech-Language Pathology Assistant FIELDWORK EXPERIENCE VERIFICATION FORM SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAMS

INSTRUCTIONS: Complete all sections of the form and submit to college or university for verification. Do not use white-out. Any corrections to this form must be crossed out and initialed. The current training program director/coordinator must sign this form. The completed form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

APPLICANT'S NAME:				
UNIVERSITY OR COLLEGE:				
SUPERVISOR'S FULL NAME & LICENSE NUMBER	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE (MM/DD/YYYY)		HOURS EARNED
		FROM	TO	
GRAND TOTAL:				

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

 NAME OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 DATE

 APPLICANT'S SIGNATURE

 DATE



Speech-Language Pathology Assistant FIELDWORK EXPERIENCE VERIFICATION FORM UNDERGRADUATE CLINICAL EXPERIENCE

INSTRUCTIONS: Complete all sections of the form and submit to college or university for verification. Do not use white-out. Any corrections to this form must be crossed out and initialed. The current training program director/coordinator must sign this form. The completed form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

APPLICANT'S NAME:				
UNIVERSITY OR COLLEGE:				
SUPERVISOR'S FULL NAME & LICENSE NUMBER	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE (MM/DD/YYYY)		HOURS EARNED
		FROM	TO	
GRAND TOTAL:				

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

 NAME OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 DATE

 APPLICANT'S SIGNATURE

 DATE



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0437
ORI (Code assigned by DOJ)
Speech Assistant

License
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
Agency Authorized to Receive Criminal Record Information

06187
Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 2100
Street Address or P.O. Box

N/A
Contact Name (mandatory for all school submissions)

Sacramento CA 95815
City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex Male Female

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number Applicant Must Pay At Site

(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: 7700 SLP/AU
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Not Applicable
Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

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.



REQUEST FOR LIVE SCAN SERVICE

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.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 criminal history record.³

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.⁴

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>.

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. 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 can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

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

³ See 28 CFR 50.12(b)

⁴ See 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)