



Application Checklist for Speech-Language Pathologists *Certification of Clinical Competence*

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

1. Application

- Please answer all questions.

2. Fees

- Please submit a check or money order to the Board in the amount of \$150.00, made payable to SLPAHADB.

3. Verification of Certification Letter from ASHA

- Please include your ASHA account number during the application process. You do not need to supply a verification letter.

4. National Exam Score

- Effective 09/01/2014, minimum passing score of 162
 - Must have been within the five years prior to application filing.
 - Must be sent electronically from ETS to Board reporting code 8544.
- If you passed the Praxis greater than five years ago, under Title 16 California Code of Regulations section 1399.152.3 you may qualify for an exemption from this requirement.
 - To qualify, you must have been continuously employed as a licensed speech pathologist in another state for at least the three years preceding submission of your application.
 - If you do not have three years of continuous employment, continuing education in the field you have completed in the last three years may also be considered, on a case-by-case basis.

5. Fingerprints - DOJ and FBI clearances must be received prior to issuance of the license

- California applicants are required to use Live Scan for fingerprinting; please 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 \$49.00 (DOJ and FBI processing fee). You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab.
 - One (1) check or money order in the amount of \$199 (\$150 application/licensing fee and \$49 fingerprint processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

NOTE: Experience that was completed in California after June 30, 2003, without holding a RPE temporary license, will not be approved. Please refer to the Business and Professions Code section 2532.7(b).



APPLICATION FOR LICENSURE
CERTIFICATE OF CLINICAL COMPETENCE
\$150.00

IMPORTANT: You must hold a current Certificate of Clinical Competence (CCC) issued by the American Speech-Language-Hearing Association (ASHA) in order to complete this application.

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. Make check or money order payable to: SLPAHADB

APPLICATION IS FORMATTED TO BE TYPED. MAY ALSO BE HANDWRITTEN LEGIBLY.

Form with 11 numbered sections for applicant information, including full name, address, telephone, social security number, date of birth, email, and military status. Includes checkboxes for expedited processing and a list of conditions for expedited review.

12. GRADUATE PROGRAM(S)					
INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED	
EDUCATION AND EXPERIENCE:					
13. Education: Master's Degree <input type="checkbox"/> Master's Degree Equivalency <input type="checkbox"/>					
14. EMPLOYER:					
EMPLOYER'S ADDRESS:					
				YES	NO
15. Have you passed the Educational Testing Service (ETS)/National Teacher Examination (NTE) (The Praxis Series) in Speech-Language Pathology within the last five years?					
a. If 15 is answered No, then: have you been continuously employed in the field for which licensure is sought working not less than (15) hours per week during the (3) years preceding the application filing while maintaining a license in the state where the applicant was employed? If 15a is answered Yes, then submit an employment verification letter on company/school letterhead signed by the Employer or HR Director that includes job title, date range of employment, and hours worked per week.					
b. If 15a is answered No, then have you completed continuing education related to speech-language pathologist in the last three (3) years? If 15b answered Yes, then submit certificates of completed continuing education in speech-language pathology within the last 3 years.					
16. Have you ever been licensed to practice Speech-Language Pathology, Audiology, or Hearing Aid Dispensing in any other state or country? If yes, please list the state or country: If yes, please list your license numbers: _____					
17. Do you have an active and current ASHA Certificate of Clinical Competence? Please provide your 8-digit ASHA account number _____.					
18. In what state was your supervised professional experience or Clinical Fellowship Year? State: _____ Year _____ <i>If it was completed in California after June 30, 2003, then you may not qualify for this application option. Please complete and submit the Required Professional Experience Verification Form.</i>					
DISCIPLINARY INFORMATION				YES	NO
19. 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, including 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>					
20. Have you had any pending investigations by any state or federal agencies against you?					
21. Have you been denied a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts profession, in any state or country?					
19. Have you voluntarily surrendered a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts, in another state or country?					

You must report to the Board the result of any actions which have been filed, or are pending, against any Speech-Language Pathology, audiology, or hearing aid dispensers 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 will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as 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 Business and Professions section 30. 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 Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of \$100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.