

Michigan Department of Licensing and Regulatory Affairs  
**Board of Speech-Language Pathology**

P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## **SPEECH-LANGUAGE PATHOLOGIST LICENSE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Speech-Language Pathology. Questions regarding your application can be directed to the Michigan Board of Speech-Language Pathology at (517) 335-0918 or by e-mail at [bhphelp@michigan.gov](mailto:bhphelp@michigan.gov) four weeks after the date you sent the application. Please allow 6-8 weeks processing time.

**In order to practice as a speech-language pathologist in Michigan after December 7, 2013, you MUST hold a Michigan license.**

### **SPEECH-LANGUAGE PATHOLOGIST – LICENSURE BY EXAMINATION**

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. All applicants for a health professional license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints obtained for any other purpose.
3. Documentation regarding your qualifications for licensure must be received by one of the following methods:

#### **METHOD 1 – ASHA CERTIFICATION (CCC-SLP)**

- a. Have the American Speech Language Hearing Association (ASHA) verify your current certification of clinical competence in speech-language pathology (CCC-SLP) directly to this office. The verification must include your name, the date your certification was issued, the expiration date of your certification and it must specify that your certification was issued in speech-language pathology. You can contact ASHA at 2200 Research Blvd, Rockville, MD 20850-3289, by phone at 1-800-638-8255, or by e-mail at [certification@asha.org](mailto:certification@asha.org). **NOTE:** If your CCC-SLP certification is current, you do not need to provide any additional information regarding your education, experience, or PRAXIS Series II scores to the Michigan Board.

#### **METHOD 2 – DOCUMENTATION FROM ORIGINAL SOURCE**

- a. Arrange to have final transcripts of your master's or doctoral degree in speech-language pathology submitted directly to this office from your educational program. The educational program must be accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

If your master's or doctoral degree program was not CAA-accredited, a course-by-course credential evaluation must be completed by an agency that is a member of the National Association of Credential Evaluation Services (NACES). The list of NACES approved credentialing agencies can be found on their website, [www.naces.org](http://www.naces.org), under "Current Members". The credential evaluation must show that your educational program was substantially equivalent to a CAA-accredited program.

If your educational program was not taught in English, you must either 1) obtain a computerized score of at least 570 on the TOEFL and 50 on the Test of Spoken English (TSE) **or** 2) obtain a TOEFL iBT total score of 89 or above and section scores of at least 22 in reading, 22 in listening, 26 in speaking, and 24 in writing. Scores must be sent directly to the Michigan Board by Educational Testing Services (ETS). You can contact ETS at (609) 771-7100 or at their website at [www.toefl.org](http://www.toefl.org) (e-mail: [toefl@ets.org](mailto:toefl@ets.org)) to arrange to take these examinations or to have results sent to our office.

- b. Verify the completion of at least 9 months (1,260 hours) of supervised post-graduate clinical experience in speech-language pathology. The Speech-Language Pathology Postgraduate Clinical Experience form (attached) must be completed and sent to the Michigan Board directly from your speech-language pathologist supervisor. The requirements for the clinical experience are listed on the form.
  - c. Contact ETS to have your PRAXIS Series II Test in Speech-Language Pathology score report sent to the Michigan Board using recipient code 7430. Contact ETS at 1-800-772-9476 or at [www.ets.org/praxis](http://www.ets.org/praxis). If you are registering with ETS for this examination, use recipient code 7430 to have your scores reported to the Michigan Board.
4. Verification of licensure from any state or Canadian province where you hold or have ever held a speech-language pathologist license or registration must be provided directly to this office. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state or provincial board to determine if a fee is required prior to sending them the form for completion. Verification of licensure must be sent to the Michigan Board directly from the state(s) or province(s) where you are or have been licensed.

**SPEECH-LANGUAGE PATHOLOGIST - LICENSURE BY ENDORSEMENT:** (You must be currently licensed in another state or Canadian province)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. All applicants for a health professional license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Verification of licensure from any state or Canadian province where you hold or have ever held a speech-language pathologist license or registration must be provided directly to this office. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state or provincial board to determine if a fee is required prior to sending them the form for completion. Verification of licensure must be sent to the Michigan Board directly from the state(s) or province(s) where you are or have been licensed.
4. Have either 1) the American Speech Language Hearing Association (ASHA) **OR** 2) the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) verify your current certification of clinical competence in speech-language pathology (CCC-SLP) **OR** current CASLPA clinical certification directly to this office. The verification must include your name, the date your certification was issued, the expiration date of your certification and it must specify that your certification was issued in speech-language pathology. Contact ASHA at 2200 Research Blvd, Rockville, MD 20850-3289, by phone at 1-800-638-8255, or by e-mail at [certification@asha.org](mailto:certification@asha.org). Contact CASLPA at 1 Nicholas St, Suite 1000, Ottawa, Ontario K1N 7B7, by phone at 1-800-259-8519, or by e-mail at [caslpa@caslpa.ca](mailto:caslpa@caslpa.ca). **NOTE:** If your CCC-SLP certification or CASLPA clinical certification is current, you do not need to provide any additional information regarding your education, experience, or exam scores to the Michigan Board.

5. If you do not possess current CCC-SLP or CASLPA clinical certification and you have been licensed in another state or Canada for at least 5 years, you must do both of the following:

- a. Arrange to have final transcripts of your master's or doctoral degree in speech-language pathology submitted directly to this office from your educational program. The educational program must be accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) or be an approved Canadian educational program.

If your master's or doctoral degree program was not CAA-accredited or approved in Canada, a course-by-course credential evaluation must be completed by an agency that is a member of the National Association of Credential Evaluation Services (NACES). The list of NACES approved credentialing agencies can be found on their website, [www.naces.org](http://www.naces.org), under "Current Members". The credential evaluation must show that your educational program was substantially equivalent to a CAA-accredited program.

If your educational program was not taught in English, you must either 1) obtain a computerized score of at least 570 on the TOEFL and 50 on the Test of Spoken English (TSE) **or** 2) obtain a TOEFL iBT total score of 89 or above and section scores of at least 22 in reading, 22 in listening, 26 in speaking, and 24 in writing. Scores must be sent directly to the Michigan Board by Educational Testing Services (ETS).

- b. Contact ETS to have your PRAXIS Series II Test in Speech-Language Pathology score report sent to the Michigan Board using recipient code 7430. Contact ETS at 1-800-772-9476 or at [www.ets.org/praxis](http://www.ets.org/praxis). If you are registering with ETS for this examination, use recipient code 7430 to have your scores reported to the Michigan Board.

6. If you do not possess current CCC-SLP or CASLPA clinical certification and you have been licensed in another state or Canada for less than 5 years, in addition to providing the information listed in 5a and 5b above, you must also:

- a. Verify the completion of at least 9 months (1,260 hours) of supervised post-graduate clinical experience in speech-language pathology. The Speech-Language Pathology Postgraduate Clinical Experience form (attached) must be completed and sent to the Michigan Board directly from your speech-language pathologist supervisor. The requirements for the clinical experience are listed on the form.

**EDUCATIONAL LIMITED SPEECH-LANGUAGE PATHOLOGIST LICENSE** (For those who will be completing 9 months of post-graduate supervised clinical experience in Michigan)

The educational limited license is required for any individual graduating from their educational program after January 1, 2012 and obtaining the clinical experience in Michigan. The educational limited license is intended for those applicants who have earned either a master's or doctoral degree in speech-language pathology and who must complete 9 months of supervised post-graduate clinical experience in order to qualify for full licensure. To meet the clinical experience requirements for a full speech-language pathologist license, an individual **must** hold the educational limited license if the experience is obtained in Michigan. The supervisor of this clinical experience **must** hold a full speech-language pathologist license. There are no exceptions to this rule.

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. All applicants for a health professional license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints obtained for any other purpose. Your license or registration will not be issued until this process is complete. You will not be required to repeat the fingerprinting process when you apply for a full Michigan license.

3. Arrange to have final transcripts of your master's or doctoral degree in speech-language pathology submitted directly to this office from your educational program. The educational program must be accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). You will not be required to have transcripts sent a second time when you apply for a full Michigan license.

If your master's or doctoral degree program was not CAA-accredited, a course-by-course credential evaluation must be completed by an agency that is a member of the National Association of Credential Evaluation Services (NACES). The list of NACES approved credentialing agencies can be found on their website, [www.naces.org](http://www.naces.org), under "Current Members". The credential evaluation must show that your educational program was substantially equivalent to a CAA-accredited program.

If your educational program was not taught in English, you must either 1) obtain a computerized score of at least 570 on the TOEFL and 50 on the Test of Spoken English (TSE) **or** 2) obtain a TOEFL iBT total score of 89 and section scores of at least 22 in reading, 22 in listening, 26 in speaking, and 24 in writing. Scores must be sent directly to the Michigan Board by Educational Testing Services (ETS). You can contact ETS at (609) 771-7100 or at their website at [www.toefl.org](http://www.toefl.org) (e-mail: [toefl@ets.org](mailto:toefl@ets.org)) to arrange to take these examinations or to have results sent to our office.

4. The Board must receive verification of your appointment to a clinical situation where you will be working under the supervision of an individual licensed in Michigan. A Certification of Appointment form is attached. This form must be completed and sent to the Board directly from your licensed supervisor. If you transfer to a different supervised clinical situation, you must submit a new Certification of Appointment form.
5. Verification of licensure from any state where you hold or have ever held a speech-language pathologist license or registration must be provided directly to this office. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. Verification of licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
6. The clinical experience may be completed on either a full or part-time basis. A post-graduate clinical experience approved by the American Speech-Language-Hearing association (ASHA) qualifies as experience that is approved by the Michigan Board.
7. The limited license is valid for two (2) years from the date it is issued and can be renewed no more than two (2) times.

**LIMITED SPEECH-LANGUAGE PATHOLOGIST LICENSE** (Only for those who held a teacher certificate that was endorsed in the area of speech and language impairment on January 12, 2009)

The limited license will only be issued for the purpose of providing speech-language impairment services as part of employment or contract with a school district, nonpublic school, or state department that provides educational services. This license does not allow you to work in any other type of setting. You **must** apply for this license before December 7, 2013. Any applications for this license type received after December 7, 2013, will not be processed. There will be no exceptions.

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. All applicants for a health professional license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints obtained for any other purpose. Your license or registration will not be issued until this process is complete.

3. You must enter your Michigan Teaching Certificate Number in the space indicated on the application form. Applications for the limited speech-language pathology license will not be processed without this number. Your certification will be verified with the Michigan Department of Education.
4. Fill out Part I of the enclosed Verification of Employment in Educational Setting form and then forward to your employer for completion. This form must be submitted to the Board directly from your employer.
5. This limited license may be renewed as long as you continue to be employed providing speech-language impairment services in a school district, nonpublic school, or state department that provides educational services.

## **GENERAL INFORMATION**

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Speech-Language Pathology in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form (with supporting legal documentation) to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Speech-Language Pathology in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license.
4. **ORIGINAL FULL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.**



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

STEVEN H HILFINGER  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)  
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number **MUST** be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at [www.L1enrollment.com](http://www.L1enrollment.com) or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at [www.cogentid.com/index.htm](http://www.cogentid.com/index.htm). Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to [mihelp@cogentsystems.com](mailto:mihelp@cogentsystems.com).



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

STEVEN H HILFINGER  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS  
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit  
1650 Wabash Ave. Ste. D  
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

## LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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**Applicant Instructions:** Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

### REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

**\*\*Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. MSP will charge for dual fingerprinting (transmission), etc.

**APPLICATION FOR LICENSURE AS A  
SPEECH-LANGUAGE PATHOLOGIST**

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

Type or Print Only

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**Board Use Only**

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

Date of Licensure: \_\_\_\_\_

- I AM APPLYING FOR THE FOLLOWING:**
- Speech-Language Pathologist License by Examination Fee: \$95.00 71-7101-01
  - Speech-Language Pathologist License By Endorsement Fee: \$95.00 71-7101-09
  - Limited Speech-Language Pathologist License Fee: \$95.00 71-7101-03  
(for certified teachers only)
  - Educational Limited Speech-Language Pathologist License Fee: \$170.00 71-7101-05

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number (      )
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)	E-Mail Address	
Have you ever been CCC-SLP certified by ASHA? <input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, list date issued: _____		
Do you hold a Michigan teaching certificate that was endorsed in the area of speech and language impairment on January 12, 2009? <input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, provide your Michigan Teaching Certificate Number: _____		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, list Michigan Permanent I.D./License Number and Expiration Date: _____		

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant's Name
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7. Have you ever had a federal or state speech-language pathologist license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?  Yes  No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?  Yes  No
9. Do you hold or have you ever held a permanent speech-language pathologist license in any state? If yes, list the state(s) in which you hold or have held an speech-language pathologist license, the license or registration number, the date issued, and how the license was obtained. **DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets, if necessary)**  Yes  No

State	License/Registration Number	Date of Issue	How Obtained (Endorsement or examination)

**Provide a complete chronological record of your educational preparation.  
Attach additional sheets if necessary.**

Name and address of Institution	Dates of Attendance		Degree
	From	To	

**CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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**Board of Speech-Language Pathology**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**SPEECH-LANGUAGE PATHOLOGY POSTGRADUATE CLINICAL EXPERIENCE FORM**

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

**EXPERIENCE:** If you currently hold the CCC-SLP certification from ASHA or the Canadian CASLPA Clinical Certification you do not need to complete this form.

If you do not currently hold CCC-SLP/ASHA or CASLPA clinical certification you must submit verification of 9 months (1,260) hours) of clinical speech-language pathology experience earned under the supervision of a licensed speech-language pathologist after you received your degree.

In order for this supervised, clinical experience to count toward the requirements for full licensure, you must hold a Michigan educational limited license.

**For Work Experience Completed in Michigan:** The supervisor of the clinical experience must hold a current active full Michigan speech-language pathologist license that has no history of disciplinary action.

**INSTRUCTIONS:** Type or print your legal name exactly as it appears on your application. Send this form directly to your licensed audiology supervisor for completion of Section II. **THIS FORM MUST BE SUBMITTED DIRECTLY TO THE MICHIGAN BOARD OF SPEECH-LANGUAGE PATHOLOGY BY YOUR SUPERVISOR.**

**SECTION 1 - APPLICANT INFORMATION: Complete this section and forward to your supervisor.**

Applicant's Name	Michigan Health Professional Educational Limited I.D./License Number
U.S. Social Security Number	Telephone Number

**SECTION II - INSTRUCTIONS TO SUPERVISOR: Complete the remainder of this form and return it to the Board of Speech-Language Pathology at the address given above.**

Supervisor's Name	Michigan Health Professional Permanent I.D./License Number
<b>Please answer the following questions about your credentials at the time you supervised the applicant.</b>	
<b>For work experience in Michigan:</b>	
Were you a licensed speech-language pathologist in Michigan at the time you supervised the applicant?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Michigan Permanent I.D./License Number _____
<b>For work experience in another state:</b>	
Were you licensed or certified as a speech-language pathologist in the state where you were providing supervision?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
State _____	Type of License or Certificate _____
<b>Please answer the following questions about your supervision of the above named applicant's professional experience in the practice of audiology.</b>	
What was your title at the time of supervision?	
What was the applicant's title at the time of supervision?	

Name
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<p>I certify that _____ practiced speech-language pathology under my supervision                  (Applicant's Name)</p>	
<p>at _____ located at _____                  (Name of Agency) (Address)</p>	
<p>from _____ to _____ for a total of _____ hours.                  (Month/Day/Year) (Month/Day/Year) (Minimum of 1260)</p>	
<p><b>Did your supervisory activities include:</b></p>	
<p>1. Onsite observations of the supervisee engaged in screening, evaluation, assessment, and habilitation, or rehabilitation activities <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Real time, interactive video &amp; audio conferencing technology may be used to perform onsite observations.</p>	
<p>2. Evaluation of reports written by the supervisee, conferences between the supervisor and supervisee, and discussions with the supervisee's professional colleagues. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Correspondence, telephone calls or reviewing audio or videotapes may be used to perform this type of supervisory activity.</p>	
<p>The Public Health Code requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant: 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.</p>	
<p>Did your supervision fulfill this agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Supervisor's Signature</p>	<p>Date</p>

**CERTIFICATION OF APPOINTMENT TO A  
 SUPERVISED CLINICAL EXPERIENCE IN SPEECH-LANGUAGE PATHOLOGY**

Authority: Public Act 368 of 1978, as amended  
 If this form is not completed, a license will not be issued.

**INSTRUCTIONS TO APPLICANT FOR EDUCATIONAL LIMITED SPEECH-LANGUAGE PATHOLOGIST  
 LICENSE:**

Complete Section I. Type or print your legal name exactly as it appears on your application. For Section II, send this form to be completed by the person qualified to supervise you where you have been appointed. This certification must be submitted to the Board of Speech-Language Pathology by the supervisor.

**SECTION I - APPLICANT INFORMATION**

First Name	Middle Name	Last Name	
Social Security Number		Date of Birth	
Street Address			
City		State	ZIP Code
Daytime Telephone Number		All Previous Names and/or Birth Name Used (if applicable)	

Signature of Applicant	Date
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**APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE  
 SPEECH-LANGUAGE PATHOLOGY CLINICAL SUPERVISOR FOR COMPLETION OF  
 SECTION II.**

Name
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**THIS SIDE TO BE COMPLETED BY THE SPEECH-LANGUAGE PATHOLOGIST CLINICAL SUPERVISOR**

**INSTRUCTIONS FOR COMPLETING SECTION II:**

Please complete the following information. Return this completed certification directly to the Michigan Board of Speech-Language Pathology at the address shown on page 1 of this form.

**SECTION II - CERTIFICATION OF APPOINTMENT TO CLINICAL EXPERIENCE**

Name of Organization or Individual Setting		
Street Address of Organization or Individual Setting		
City	State	Zip Code

I certify that \_\_\_\_\_  
(Applicant's Name)

has been appointed to a position in the clinical area of speech-language pathology beginning

\_\_\_\_\_ and ending \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

I, \_\_\_\_\_, will serve as the supervisor for the clinical  
(Name)

experience in speech-language pathology.

The supervised clinical experience will include

- 1) the development of agreed upon outcomes and performance levels for the supervisee and maintaining documentation indicating whether these outcomes and performance levels were met. 2) a sufficient number of supervisory activities to prepare the supervisee to begin independent practice as a speech-language pathologist.

Supervisory activities shall include both of the following:

- (a) Onsite observations of the supervisee engaged in screening, evaluation, assessment, and habilitation or rehabilitation activities.
- (b) Evaluation of reports written by the supervisee, conferences between the supervisor and supervisee, and discussions with the supervisee's professional colleagues.

I am aware that the Public Health Code requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant and 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.

I am licensed as a speech-language pathologist in Michigan. Permanent I.D./License Number: \_\_\_\_\_

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

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

\_\_\_\_\_  
Print or Type Name

Michigan Department of Licensing and Regulatory Affairs  
Board of Speech-Language Pathology  
P.O. Box 30670  
Lansing, MI 48909  
(517) 335-0918  
www.michigan.gov/healthlicense

**SUPERVISOR'S VERIFICATION OF EMPLOYMENT IN AN EDUCATIONAL SETTING**

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

**INSTRUCTIONS:** Complete Section I. Type or print your legal name exactly as it appears on your application. For completion of Section II, send this form to your employer. **This form must be submitted directly to the Michigan Board of Speech-Language Pathology by your employer.**

**SECTION I - APPLICANT INFORMATION**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
Signature of Applicant		Date

**APPLICANT:** Upon completion of section I send this form to your employer for completion of section II.

**THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER**

**SECTION II - CERTIFICATION OF EMPLOYMENT** Please complete the following information. Return this completed form directly to the Michigan Board of Speech-Language Pathology at the address shown on this form.

I certify that \_\_\_\_\_  
(Applicant's Name)

is currently employed at \_\_\_\_\_  
(Name of school district, nonpublic school, or state department providing educational services)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

The applicant's starting date of employment was: \_\_\_\_\_  
(Month/Day/Year)

The applicant's position is: \_\_\_\_\_  
(Title)

\_\_\_\_\_  
Signature and Title Date

\_\_\_\_\_  
Print or Type Name

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

## Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy
<input type="checkbox"/> Athletic Trainers	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work
<input type="checkbox"/> Speech-Language Pathology	<input type="checkbox"/> Veterinary Medicine	
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Type or Print Name

(S E A L)

\_\_\_\_\_  
Title\_\_\_\_\_  
Full Name of Licensing Board