



Bureau of Professional Licensing
 PO Box 30193 • Lansing, MI 48909
 Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR SPEECH-LANGUAGE PATHOLOGIST LICENSES

Authority: 1978 PA 368

Print or Type Clearly

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>		
U.S. Social Security # (New Applicants Only)		Date of Birth		
Address				
City	State	Zip Code	Country	
Telephone Number		Email Address		
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____				

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY	
Educational Ltd \$171.70 7101-05 Educational Ltd – Relicensure \$191.70 7101-06 Limited – Relicensure (Certified Teacher Only) \$115.95 7101-06 Speech-Language Pathologist – By Examination \$95.95 7101-01 Speech-Language Pathologist – By Endorsement \$95.95 7101-09 Speech-Language Pathologist – Relicensure \$115.95 7101-06	License Number	Issue Date
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.		

LARA/BPL-SLPAPP (Rev. 9/16)

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.

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Education Program	Graduation Date

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a speech-language pathologist license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. This includes ASHA and ABA certifications. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or disciplinary proceedings against a license or registration, you must submit documentation that sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)

THIS SECTION IS FOR RELICENSURE APPLICANTS ONLY

Submit documentation of having earned 20 hours of board-approved continuing education within the two year period immediately preceding the date of your application.

If your license expired **MORE THAN THREE YEARS AGO**, check the appropriate box below and follow the instructions given:

I hold a current license/registration in the following state:_____.

I do not hold a current Speech-Language Pathology license/registration in another U.S. Jurisdiction and must take and pass the Praxis Series II Examination.

If your limited license has been expired more than 3 years, you are not eligible to apply for relicensure, but if you meet the requirements, you may apply for a full and unlimited license.

***Relicensure** – You may only apply for relicensure if you are reactivating a lapsed license. If your license is still active, you must renew at www.michigan.gov/elicense.

Good Moral Character Questions

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance? Yes No

If you answer "yes" to either question, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

CERTIFICATION AND SIGNATURE

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, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

Signature

Date

ADDITIONAL DOCUMENTS AND/OR INFORMATION

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years***).
- If you do not hold a Social Security Number, you must provide a foreign address. This address can be separate from your mailing address.
- Transcripts, Certifications of Appointment, or Postgraduate Clinical Experience forms may be submitted via e-mail at bpldata@michigan.gov by the required authorities. In addition, if you are upgrading from the Educational Limited to full license, it is not required to resubmit transcripts.
- Administrative Rules including Continuing Education Requirements can be found at www.michigan.gov/bpl. Click the "Resources" box, then "Administrative Rules".

SPEECH-LANGUAGE PATHOLOGIST BY ENDORSEMENT

- Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Speech-Language Pathology from any state or province where you currently hold or have ever held a permanent license or registration
- Have either the American Speech Language Hearing Association (ASHA) OR the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) verify your current 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. 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. Contact CASLPA at 1 Nicholas St, Ste 1000, Ottawa, ON, K1N 7B7, by phone at 1-800-259-8519, or by e-mail at caslpa@caslpa.ca.

OR

- Contact ETS and have your PRAXIS Series II Test in Speech-Language Pathology score report sent to to the Michigan Board using recipient code 7430. Contact ETS at 1(800)772-9476 or at 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.
- Have the final official transcripts for a master's or doctoral degree forwarded directly to this office from your school. The transcript must include the date the degree was conferred.

And if licensed less than 5 years only

- Have the completed Postgraduate Clinical Experience form verifying 9 months of supervised post-graduate experience submitted by your supervisor.

SPEECH-LANGUAGE PATHOLOGIST BY EXAMINATION

- Have the American Speech Language Hearing Association (ASHA) or the American Board of Speech-Language Pathology (ABA) verify your current or past certification with their organization by submitting verification 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 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.

OR

- Contact ETS and have your PRAXIS Series II Test in Speech-Language Pathology score report sent to to the Michigan Board using recipient code 7430. Contact ETS at 1(800)772-9476 or at 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.
- Have the final official transcripts for a master's or doctoral degree forwarded directly to this office from your school. The transcript must include the date the degree was conferred.
- Have the completed Postgraduate Clinical Experience form verifying 9 months of supervised post-graduate experience submitted by your supervisor.

Graduate Of Non-Accredited Postsecondary Institution

- In place of a transcript from your school, you must submit a full course-by-course credential evaluation of your Speech-Language Pathology education certified by a credentialing agency accredited by NACES. A list of approved credentialing agencies may be found on their website at www.naces.org under "Current Members."
- If your education was not taught in English, you must obtain either a score of 570 on the written TOEFL exam, 230 on the computerized TOEFL exam and a score of 50 on the TSE exam, or an overall score of 89 or above on the TOEFL iBT examination.

EDUCATIONAL LIMITED SPEECH-LANGUAGE PATHOLOGIST

- Have the final official transcripts for a master's or doctoral degree forwarded directly to this office from your school. The transcript must include the date the degree was conferred.
- Have the completed Certification of Appointment form verifying you will obtain 9 months (1,260 hours) of supervised post-graduate experience submitted by your supervisor.