



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services

**Board of Speech-Language Pathology**

PO Box 30670

Lansing MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**SPEECH-LANGUAGE PATHOLOGIST RELICENSURE  
APPLICATION PACKET**

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## SPEECH-LANGUAGE PATHOLOGIST RELICENSURE INSTRUCTIONS

\* Please read application instructions carefully and answer all questions completely.  
Failure to do so may cause a delay in your application process.\*

### RELICENSURE OF A SPEECH-LANGUAGE PATHOLOGIST LICENSE

1. You must complete and submit the application for relicensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Speech-Language Pathology.
2. Applicants for relicensure of a Michigan health professional license or registration that has been expired **more** than 3 years are required to submit fingerprints and undergo a Criminal Background Check (CBC). Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. If your Michigan speech-language pathologist full license expired **within** the last 3 years:
  - a. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration.  
**Copies of licenses are not acceptable.**
4. If your license expired **more** than 3 years ago and you are currently licensed in another state:
  - a. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration.  
**Copies of licenses are not acceptable.**
5. If your license expired **more** than 3 years ago and you are NOT currently licensed in another state:
  - a. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you have ever held a permanent license or registration.  
**Copies of licenses are not acceptable.**
  - b. You will be required to take and pass the Praxis Series II Test in Speech-Language Pathology. Contact ETS online at [www.ets.org/praxis](http://www.ets.org/praxis) or at 800-772-9476. Be sure to use recipient code 7430 to have your scores reported to Michigan.

# SPEECH-LANGUAGE PATHOLOGIST RELICENSURE INSTRUCTIONS CONTINUED

## RELICENSURE OF AN EDUCATIONAL LIMITED SPEECH-LANGUAGE PATHOLOGIST LICENSE

1. You must complete and submit the application for relicensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Speech-Language Pathology.
2. Applicants for relicensure of a Michigan health professional license or registration that has been expired **more** than 3 years are required to submit fingerprints and undergo a Criminal Background Check (CBC). Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration.  
**Copies of licenses are not acceptable.**
4. The Board must receive verification of your appointment to a clinical position where you will be working under the supervision of a fully licensed speech-language pathologist. A Certification of Appointment form is included in this application packet. This form must be completed and sent to the Board directly from your licensed supervisor. If you transfer to a different supervised clinical position, you must submit a new Certification of Appointment form.

## RELICENSURE OF LIMITED SPEECH-LANGUAGE PATHOLOGIST LICENSE

This license is only for those who held a teacher certificate that was endorsed in the area of speech and language impairment on January 12, 2009. 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.

1. You must complete and submit the application for relicensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Speech-Language Pathology.
2. The Board must receive confirmation of your current employment in an educational setting. A Verification of Employment in an Educational Setting form is included in this application packet. This form must be completed and sent to the Board directly from your employer.
3. This limited license may be renewed as long as you continue to be employed providing speech-language impairment services in a school district, non-public school, or state department that provides educational services.

### Please Note:

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

Michigan Department of Licensing and Regulatory Affairs  
 Health Licensing Division  
 Application Section  
 PO Box 30670  
 Lansing MI 48909  
 (517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

For Board Use Only
License #:
Issue Date:

### APPLICATION FOR RELICENSURE

Please select the license you are applying for from the list below:

- Speech-Language Pathologist Relicensure Fee: \$115.00 [ 71-7101-06 ]
- Limited Speech-Language Pathologist (certified teachers only) Relicensure Fee: \$115.00 [ 71-7101-06 ]
- Educational Limited Speech-Language Pathologist Relicensure Fee: \$190.00 [ 71-7101-06 ]

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 by the Department.

## 1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg. #:	
City:	State:	Zip Code:
Country:		
Phone Number:	E-mail Address:	
Has your Michigan health professional license/registration/certification been lapsed more than three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent ID/License Number:	Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received in any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

**2. Personal Data Questions**

1. Have you ever been convicted of a felony?  Yes  
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?  Yes  
 No

If yes, please explain

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)?  Yes  
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?  Yes  
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?  Yes  
 No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?  Yes  
 No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?  Yes  
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?  Yes  
 No

If yes, please explain

**Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.**

Full Name: \_\_\_\_\_

**3. License(s) in Other State(s) and/or Province(s)**

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES.** (Attach additional sheets if necessary.)

Yes  
 No

State/Country	Permanent License/Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

**4. 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, 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 \_\_\_\_\_

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.

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

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

**SECTION I - APPLICANT INFORMATION -** Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Print this form and then 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.

First Name:	Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:
Street Address:		Apt/Bldg. #:
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.

<p><b>SECTION II - CERTIFICATION OF EMPLOYMENT-</b> Instructions: Complete Section II and return it to the Board of Speech-Language Pathology, PO Box 30670, Lansing, MI 48909</p> <p>I certify that _____ is currently employed at                  (Applicant's Name)</p> <p>_____ (Name of school district, nonpublic school, or state department providing educational services)</p> <p>located at _____                  (Street Address, City, State, Zip Code)</p> <p>The applicant's starting date of employment was: _____                  (Month/Day/Year)</p> <p>The applicant's position is: _____                  (Title)</p> <p>_____                  Signature and Title</p> <p>_____                  Date of Signature</p> <p>_____                  Print or Type Name</p>	
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**Board of Speech-Language Pathology**

PO Box 30670

Lansing MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)**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, certification will not be issued.

**SECTION I - APPLICANT INFORMATION** - Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to the person qualified to supervise you where you have been appointed. This form must be submitted directly to the Michigan Board of Speech-Language Pathology by the supervisor.

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg. #:	
City:	State:	Zip Code:
Country:		
Phone Number:	Email Address:	

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

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

Full Name: \_\_\_\_\_

**THIS SIDE TO BE COMPLETED BY THE SUPERVISOR**

**SECTION II - CERTIFICATION OF APPOINTMENT TO CLINICAL EXPERIENCE** Instructions: Complete Section II and return it to the Board of Speech-Language Pathology, PO Box 30670, Lansing, MI 48909

I certify that \_\_\_\_\_ has been appointed to a position in the clinical area of  
(Applicant's Name)

speech-language pathology at \_\_\_\_\_  
(Name of Organization or Individual Setting)

located at \_\_\_\_\_  
(Street Address, City, State, Zip Code)

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

The supervised clinical experience will consist of at least 1,260 hours and 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 the following:

- a. Onsite observations of the supervisee engaged in screening, evaluation, assessment, and habilitation or rehabilitation activities.

Real time, interactive video and audio conferencing technology may be used to perform onsite observations.

- b. Evaluation of reports written by the supervisee, conferences between the supervisor and supervisee and discussions with the supervisee's professional colleagues.

Correspondence, telephone calls or reviewing audio or videotapes may be used to perform this type of supervisory activity.

- c. At least 1,008 of the supervised hours consist of clinical contact with person or population served, including, but not limited to direct client or patient contact, consultations, record keeping, and administrative duties.

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; 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 ID/License Number: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

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

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

Please print out the Application (Pages 5-7), the Verification of Employment in an Educational Setting form (Page 8, if applicable) and the Certification of Appointment form (Pages 9-10, if applicable). Sign and date your application, and submit the application along with any supporting documentation and with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Board of Speech-Language Pathology  
PO Box 30670  
Lansing MI 48909

If applicable, submit the Speech-Language Pathology Postgraduate Clinical Experience Form to your supervisor to complete and send directly to our office.

If applicable, submit the Verification of Employment in an Educational Setting form to your employer to complete and send directly to our office.

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

## APPLICATION CHECKLIST

**Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

**1. Demographic Information:** Social Security Number: Please list only a United States Social Security number.

**Name:** List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

**Birth Date:** Provide the month, day and year of your birth.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

**Phone:** Enter a telephone number where you can be reached in case we have questions about your application.

**E-mail:** Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

**Other Name(s):** Indicate whether you have been known by any other names.

**2. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

**3. Licenses in Other State(s) and/or Province(s):** List all states/provinces where you hold or have ever held a speech-language pathologist license. Indicate method of licensure - examination or endorsement.

**4. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

## TOP THINGS APPLICANTS SHOULD KNOW

1. **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 333.16174 (2). 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 or registration.
2. Read the entire application before submitting it and **DO NOT** send the checklist to the Board of Speech-Language Pathology office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Speech-Language Pathology in writing to request a partial refund.
8. If your name and/or address changes please notify the Board of Speech-Language Pathology in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Speech-Language Pathology, Applications Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your registration is issued, you can change your address online at [www.michigan.gov/elicense](http://www.michigan.gov/elicense).

## GLOSSARY/DEFINITION OF TERMS

ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

## FREQUENTLY ASKED QUESTIONS

### **Q. How long will it take to process my application?**

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

### **Q. What do I do if I forgot to include my payment with my application?**

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Speech-Language Pathology, PO Box 30670, Lansing, MI 48909.

### **Q. How do I check on the status of my application?**

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at [www.michigan.gov/appstatus](http://www.michigan.gov/appstatus).

### **Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?**

We ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

### **Q. How long is my license valid?**

The initial license is good for a partial licensure cycle and will expire on the upcoming September 30 renewal date. Each subsequent license will cover a full two-year cycle.

### **Q. How do I renew my license?**

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

## WEBSITES AND LINKS

### WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	<a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a>
Bureau of Health Care Services	<a href="http://www.michigan.gov/bhcs">www.michigan.gov/bhcs</a>
Health Professions Licensing Division	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Board of Speech-Language Pathology	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Public Health Code	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Application Status	<a href="http://www.michigan.gov/appstatus">www.michigan.gov/appstatus</a>
Verify a Health Professional License	<a href="http://www.michigan.gov/verifylicense">www.michigan.gov/verifylicense</a>
Renewal Website	<a href="http://www.michigan.gov/elicense">www.michigan.gov/elicense</a>

### LINKS:

American Speech Language Hearing Association	<a href="http://www.asha.org">www.asha.org</a>
Council on Academic Accreditation in Audiology and Speech-Language Pathology	<a href="http://www.asha.org">www.asha.org</a>
National Association of Credential Evaluation Services	<a href="http://www.naces.org">www.naces.org</a>
Canadian Association of Speech-Language Pathologists and Audiologists	<a href="http://www.caslpa.ca">www.caslpa.ca</a>
Educational Testing Services	<a href="http://www.toefl.org">www.toefl.org</a>
Identogo	<a href="http://www.identogo.com">www.identogo.com</a>