



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

<p style="text-align: center;">SPEECH-LANGUAGE PATHOLOGIST EDUCATIONAL LIMITED LICENSE APPLICATION PACKET</p>

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SPEECH-LANGUAGE PATHOLOGIST EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS

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

The educational limited speech-language pathologist license is for individuals who will be completing 9 months of post-graduate supervised clinical experience in Michigan.

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Speech-Language Pathology.
2. Applicants for speech-language pathologist licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. 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 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. **Copies of licenses are not acceptable.**
4. 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, under "Current Members". The credential evaluation must show that your educational program was substantially equivalent to a CAA-accredited program.

An applicant whose speech-language education program was taught in a language other than English shall satisfactorily complete the TOEFL (passing score is 570 on written examination or 230 on the computerized exam) and TSE (passing score is 50) examinations or the TOEFLibT (overall passing score of 89 or above). Required section scores on TOEFLibT are:

Not less than 22 on the reading section
Not less than 22 on the listening section
Not less than 26 on the speaking section
Not less than 24 on the writing section

SPEECH-LANGUAGE PATHOLOGIST LICENSURE BY EXAMINATION INSTRUCTIONS CONTINUED

5. 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. The Certification of Appointment 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.
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.

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.

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For Board Use Only

License #:

Issue Date:

APPLICATION FOR LICENSURE

Select the license type you are applying for from the list below:

☐ 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.

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:			Email Address:		
Have you ever held a health professional license in any profession in Michigan?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your health professional license issued after 2008?					<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. Professional Education

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

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/ Degree Granted

4. License(s) in Other State(s) or Province(s)

Do you hold or have you held a permanent speech-language pathology license 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).

☐ Yes☐ No

DO NOT LIST TEMPORARY LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Examination or Endorsement)

5. 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 _____

Board of Speech-Language Pathology

PO Box 30670

Lansing MI 48909

(517) 335-0918

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

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.

Please print out the Application (pages 5-7) and the Appointment to a Supervised Clinical Experience Form (pages 8-9). Sign and date your application, and submit the application along 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

Submit the Speech-Language Pathology Appointment to a Supervised Clinical Experience Form to your supervisor to complete and send directly to our office.

APPLICATION CHECKLIST INSTRUCTIONS

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

☐ **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 in the space provided on your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

☐ **3. Professional Education:** List your professional school(s). Include the name and address of your professional school, the graduation date and degree earned.

☐ **4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held a speech-language pathologist license or registration. Indicate the license/registration number, date of issue, and the method of licensure - examination or endorsement.

☐ **5. 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 and fax it ATTN: Application Section to (517) 373-7179 or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Speech-Language Pathology, PO Box 30670, Lansing MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at 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 has taken an examination.
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 the 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.

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 of Speech-Language Pathology 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 limited license is valid for two (2) years from the date it is issued and can be renewed no more than two (2) times.

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	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Division	www.michigan.gov/healthlicense
Michigan Board of Speech-Language Pathology	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
License Verification	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

American Speech Language Hearing Association	www.asha.org
Council on Academic Accreditation in Audiology and Speech-Language Pathology	www.asha.org
National Association of Credential Evaluation Services	www.naces.org
Educational Testing Services	www.toefl.org
Identogo	www.identogo.com