

**APPLICATION FOR SPEECH-LANGUAGE PATHOLOGIST LICENSES**

Authority: 1978 PA 368

**(This Form Should Not Be Used For License Renewal)**

**Print or Type Clearly**

|   |  |                            |               |  |
|---|--|----------------------------|---------------|--|
| Applicant's First Name  |  | Middle Name                | Last Name     |  |
| U.S. Social Security Number   |  | Date of Birth (MM/DD/YYYY) |               | 10-Digit MI Permanent ID/License Number <i>(If Applicable)</i> |
| 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 <b>\$176.80</b> 7101-05  | License Number      | Issue Date |
| Educational Ltd – Relicensure <b>\$196.80</b> 7101-06  |                     |            |
| Limited – Relicensure <b>(Certified Teacher Only)</b><br><b>\$115.95</b> 7101-06   |                     |            |
| Speech-Language Pathologist – By Examination<br><b>\$98.80</b> 7101-01   |                     |            |
| Speech-Language Pathologist – By Endorsement<br><b>\$98.80</b> 7101-09   |                     |            |
| Speech-Language Pathologist – Relicensure<br><b>\$118.80</b> 7101-06   |                     |            |
| Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable. |                     |            |

LARA/BPL-SLPAPP (Rev. 7/18)

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 Educational Institution | 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 FOR RELICENSURE APPLICANTS ONLY\***

If your license expired **WITHIN THE LAST THREE YEARS**, have you obtained the required 20 hours of continuing education credits earned within the last two years immediately preceding this application for relicensure?

Yes    No

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 (**not** educational limited license) has 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](http://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***).
- Transcripts, Certifications of Appointment, or Postgraduate Clinical Experience forms may be submitted via e-mail at [bpldata@michigan.gov](mailto:bpldata@michigan.gov) by the required authorities. Note: if you are upgrading from the Educational Limited to full license, it is not necessary to resubmit transcripts.
- Administrative Rules including Continuing Education Requirements can be found at [www.michigan.gov/bpl](http://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 by phone at 1-800-638-8255, or by e-mail at [certification@asha.org](mailto:certification@asha.org). Contact CASLPA by phone at 1-800-259-8519, or by e-mail at [caslpa@caslpa.ca](mailto:caslpa@caslpa.ca).

### **OR**

- Contact ETS and 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.
- Have the final official transcripts, showing the date the degree was conferred, for a master's or doctoral degree forwarded directly to this office from your educational institution.

### ***And if licensed less than 5 years***

- Have the completed Postgraduate Clinical Experience form verifying 9 months (1260 hours) of supervised post-graduate experience submitted by your supervisor.

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

- 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 by phone at 1-800-638-8255, or by e-mail at [certification@asha.org](mailto:certification@asha.org). Contact CASLPA by phone at 1-800-259-8519, or by e-mail at [caslpa@caslpa.ca](mailto:caslpa@caslpa.ca).

### **OR**

- Contact ETS and 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.
- Have the final official transcripts, showing the date the degree was conferred, for a master's or doctoral degree forwarded directly to this office from your educational institution.
- Have the completed Postgraduate Clinical Experience form verifying 9 months (1,260 hours) of supervised post-graduate experience submitted by your supervisor.

### ***Graduate Of Non-Accredited Postsecondary Institution***

- In place of a transcript from your educational institution, 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](http://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, showing the date the degree was conferred, for a master's or doctoral degree forwarded directly to this office from your educational institution.
- 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.