

STATE OF MAINE
BOARD OF SPEECH, AUDIOLOGY AND HEARING
APPLICATION FOR REGISTRATION

- Speech-Language Pathology Assistant



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Speech, Audiology and Hearing is enclosed. It contains all the relevant materials you need to complete your application for registration as a Speech-Language Pathology Assistant in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT:

- Applicant Information Guide
- Application for Registration
- Supervision Form
- Verification of Licensure Form

ADDITIONAL RESOURCES:

- Licensing Law for Speech-Language Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your registration.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html> or call (207) 624-8626

- Licensing Rules Specific to Speech-Language Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your registration.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#643> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE:

- Please submit your application materials to the Board by mail or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.
- Board approval must be granted prior to the practice of the Assistant under the supervision of the registering professional.

Speech-Language Pathology Assistant

Applicants for registration as a Speech-Language Pathology Assistant must submit the documentation and fee as outlined in the checklist below.

- Completed and signed Application sent by mail or courier;
- Payment of a Criminal History Check fee of \$21.00.
- Documentation demonstrating the registering Speech-Language Pathologist has completed ten (10) hours of training regarding the supervision of speech-language pathology assistants (copy of certificate(s) and course description(s) substantiating content of the coursework sent by mail or courier to this Office accepted);
- Supervision Form completed and signed by the registering Speech-Language Pathologist sent by mail or courier to the Office;
- Official Transcript sent by mail or courier directly to this Office demonstrating a minimum of an associate's degree (60 credit hours) from an accredited institution in the field of communication disorders or an equivalent course of study with a major emphasis in the area of Speech-Language Pathology. Please refer to Board rules Chapter 9, Section 1 for further clarification;
- Documentation of a practicum as either a SLP aide or as a student in a regionally accredited training program under the supervision of a Board licensed Speech-Language Pathologist (copy of your completed and signed log(s) sent by mail or courier or other evidence acceptable to the Board accepted). Please refer to Board rules Chapter 9, Section 1 for further clarification; and

Those licensed or those who have held licensure in other jurisdiction(s) must also provide:

- Official Verification(s) of Licensure sent by mail or courier directly to this Office from the issuing agency.

OTHER IMPORTANT INFORMATION:

➤ **Terms of Registration**

A Speech-Language Pathology Assistant may be registered under one (1) Maine licensed SLP contingent upon following all supervision requirements as outlined in Chapter 9 of the Board's Rules. The registration is effective until written notification to the Board by the supervisor that the supervisory relationship has ended.

➤ **10 Day Reporting**

Please be advised, pursuant to 10 MRS §8003-G, licensees and applicants are to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>.

Further, pursuant to Chapter 5 of the Board's Rules, any changes in supervision must be reported to the Office within ten (10) days. A form is available at the Board's website:

<http://www.maine.gov/pfr/professionallicensing/professions/occupational/forms.html>.

Any violation of a governing law or rule of the Board may result in disciplinary action against your License: <http://www.mainelegislature.org/legis/statutes/10/title10sec8003.html>.

➤ **GovDelivery**

The Board of Speech, Audiology and Hearing has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website:
<http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
<p>1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.</p> <p>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.</p>
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.
SIGNATURE DATE

Board of Speech, Audiology and Hearing	
<p>Please Select License Type:</p> <p><input type="checkbox"/> Speech-Language Pathology Assistant (SAS2619)</p> <p style="text-align: center;">Required Fee: \$21 (includes Criminal History Records Check Fee)</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Office Use Only: 2619 - \$21.00 </div> <div style="border: 1px solid black; padding: 5px;"> <i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ </div>
Rev. 1/2015	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

Applicant's Name: _____

Registrant's Education

Name of School	Date of Graduation	Major	Degree Awarded

Supervisor Data
(To be completed in full by the Speech-Language Pathologist)

Name:		License Number:	
Name of Practice Setting:			
Mailing Address:			
City:		State:	Zip Code:
County:	Work Telephone:	Home Telephone:	

List the names of any other Speech-Language Pathology Assistants currently registered to work under your supervision and number of hours employed per week:

Name	Hours

Please note:

- Only individuals with a permanent license and at least two (2) years of post-graduate professional experience and ten (10) hours of Board-approved training in "the supervisory process" may register and supervise Speech-Language Pathology Assistants.
- Supervising Speech-Language Pathologists are totally responsible for the services provided by their Speech-Language Assistants.

Applicant's Name: _____

Registrant's Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SIGNATURE: _____ DATE: _____

SLP Supervisor's Affirmation

By signing, I understand that the Board of Speech, Audiology and Hearing will rely upon this information for issuance of a registration under my license and I also understand that I am responsible for the services provided by my assistant(s). I also agree to not commence supervision of the practice of this applicant until the registration is approved and issued by the Board.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SUPERVISOR SIGNATURE: _____ DATE: _____



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Speech, Audiology and Hearing
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

Supervision Form for Speech-Language Pathology Assistants

This form is required to be submitted by applicants for registration as a Speech-Language Pathology Assistant.

Applicant Data

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Applicant's Education/School:		Degree Awarded:

Proposed Supervisor's Data

Name of Proposed Supervisor:		
Name of Practice Setting:		
Mailing Address:		
City:	State:	Zip Code:
Maine License Number:	First Issue Date:	
Employer:	Job Title:	Dates employed*:
*If less than two (2) years you must attach a resume demonstrating at least two (2) years of professional experience.		



Supervision Form for Speech-Language Pathology Assistants

Page 2 of 2

Supervisor's Responsibility Statement

As the Supervisor:

- 1) I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise this speech-language pathology assistant.
- 2) I have completed at least ten (10) hours of training in the supervision of speech-language pathology assistants.
- 3) I understand that I may supervise a maximum of two (2) speech-language pathology assistants and that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible.
- 4) I understand that the applicant for registration may not perform the duties of a speech-language pathology assistant until the Board has reviewed and approved this applicant's registration or has reviewed and approved the change in supervision in writing.
- 5) I understand that I am legally and ethically responsible within the jurisdiction of the Board for the professional activities of this speech-language pathology assistant.
- 6) I will immediately notify the speech-language pathology assistant and the Board of anything that affects my ability or right to supervise.
- 7) I will inform all clients (or their legal guardians), referring agencies and payers for service in writing when this speech-language pathology assistant provides direct services. I will also provide all clients with a copy of Chapter 9, Sections 4 and 5 of the Board's Rules.
- 8) I will maintain a supervision log as outlined in Chapter 9, Section 4(3) of the Board's rules and will provide it to the Board upon request.
- 9) I will be on-site or accessible by telecommunications at all times when this speech-language pathology assistant is providing client care.
- 10) I know and understand the laws and rules pertaining to the supervision and scope of practice of speech-language pathology assistants.
- 11) If I terminate supervision of this speech-language pathology assistant I will inform the Board in writing within ten (10) days. A form for this purpose is available at the Board's website or by contacting the Office.

Agree:

By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: _____

DATE: _____



Paul R. LePage
Governor

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Board of Speech, Audiology and Hearing
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Anne L. Head
Director

VERIFICATION OF LICENSURE FORM

The applicant listed below is applying for speech-language pathology registration in the State of Maine. The Maine Board of Speech, Audiology and Hearing requests written verification from each jurisdiction that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

Directions to State Board:

Complete the remaining portion of page 1 and page 2 and return both pages by mail or courier:

U.S.P.S. Mailing Address: Board of Speech, Audiology and Hearing, 35 State House Station, Augusta, Maine 04333

-or-

Courier/Delivery Address: Board of Speech, Audiology and Hearing, 76 Northern Avenue, Gardiner, Maine 04345

Name of Licensee:		Type of License:	
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired		
Date Issued:		Expiration Date:	

OFFICE PHONE: (207)624-8626



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GARDINER, MAINE

FAX: (207)624-8637

