



**ARIZONA DEPARTMENT OF HEALTH SERVICES
SPEECH-LANGUAGE PATHOLOGY
ASSISTANT
LICENSE RENEWAL APPLICATION**

This space for ADHS use only!

| | | | |
|-----------------|-------|------|-------|
| Date Recd.: | _____ | OSL: | _____ |
| Renewal Fee: \$ | _____ | | |
| Chk/MO #: | _____ | | |
| Late Fee: \$ | _____ | | |
| Chk/MO #: | _____ | | |

| | |
|-----------------------------------|--------------------------------|
| License Number: SLPA _____ | License Expiration Date: _____ |
|-----------------------------------|--------------------------------|

I.a IDENTIFYING INFORMATION (Please provide the following information):

| | | | | |
|----------------------|-----------|-----------------------|--|-----------|
| Applicant LAST Name: | | Applicant FIRST Name: | | MI: |
| Social Security #: | | Date of Birth: | | |
| Home Address: | | City, State: | | Zip Code: |
| Home Phone: | Home Fax: | Email Address: | | |

Are you employed in a **NEW** position OR service location since the issuance of the license noted above?

YES NO

If "YES", you are finished with Section I. and you must fill out and submit the "Notification of New Employer and/or New Supervising SLP" form WITH this application packet.

If "No", you must fill in the remainder of Section I.b (below):

I.b PRIMARY AND SECONDARY SUPERVISING SLPs - Provide the following for each employer or service location (use a separate sheet of paper if more than 1 employer or service location):

| | |
|--|---------------------|
| Name of <u>PRIMARY</u> SUPERVISING SLP: | ADHS SLP License #: |
| Service Location of PRIMARY SUPERVISING SLP: | |

| | |
|--|---------------------|
| Name of <u>SECONDARY</u> SUPERVISING SLP: | ADHS SLP License #: |
| Service Location of SECONDARY SUPERVISING SLP: | |

| | |
|--|---------------------|
| Name of <u>SECONDARY</u> SUPERVISING SLP: | ADHS SLP License #: |
| Service Location of PRIMARY SUPERVISING SLP: | |

| | |
|---|---------------------|
| Name of <u>SECONDARY</u> SUPERVISING SLP: | ADHS SLP License #: |
| Service Location of <u>SECONDARY</u> SUPERVISING SLP: | |

| | | |
|------------|-------------|-----|
| LAST Name: | FIRST Name: | MI: |
|------------|-------------|-----|

II. LICENSE HISTORY

(List all current or previous Speech-Language Pathology Assistant Licenses held in any State, Territory, or Country):

| Issuing Agency | State/Jurisdiction | License # | Date Issued | Current Status |
|----------------|--------------------|-----------|-------------|----------------|
| ADHS | Arizona | SLPA_____ | | |
| | | | | |
| | | | | |

III. PROFESSIONAL CONDUCT – If the answer to any of the following questions is “Yes”, explain fully in a separate signed and dated affidavit.

- Yes No 1. Since your last licensure application, have you been convicted of a felony or misdemeanor for moral turpitude in this or any other State or Jurisdiction?
- Yes No 2. Has your license BEEN suspended or revoked by any State within the past two years?
- Yes No 3. Are you currently under investigation, or have disciplinary action pending by any state or government agency?
- Yes No 4. Has disciplinary action been taken against you by any state or government agency, or have you entered into a settlement agreement with any state or government agency that resolves a violation, within the past two years?

IV. REQUIRED DOCUMENTATION (Please provide the information requested with this Application):

1. Completed Department-provided Continuing Education forms.
2. Additional information as required by Section 1.b and Section III (if applicable).
3. A completed Department-provided “Notification of New Employer and/or New Supervising SLP” form (if applicable).

V. FEES – Submit with this application a **\$100.00 License Renewal Fee** in the form of a **cashier’s check or money order** (personal and business checks will not be accepted) payable to: **Arizona Department of Health Services**. Applications received within 30 days after the license expiration must also include a **\$25.00 Late Fee** (or your application will be deemed incomplete). Please be sure to write your license # (SLPA____) in the memo line of the payment device sent.

VI. UNLAWFUL ACTS: A.R.S. § 36-1936 provides that no person may willfully make a false, material statement in an application for a license or for renewal of a license. This application must be signed and include all required information, addendums, and related documentation in order to be considered a sufficient and complete application.

Your signature on this application indicates that you have provided correct and accurate information in this document. Failure to disclose material information may result in your application for a license being denied. Any material information not disclosed in this application may result in any license that has been issued to be suspended or revoked.

| | | |
|------------|-------------|-----|
| LAST Name: | FIRST Name: | MI: |
|------------|-------------|-----|

VII. LEGAL ATTESTATION:

I certify that the information provided on this application and related documentation is truthful, complete and accurate.

I understand that I cannot provide services without being supervised by an ADHS-licensed SLP.

I understand that I am required to send to the Department the "Notification of New Employer and/or New Primary Supervising SLP" form within 30 days of becoming newly employed as a SLPA.

SIGNATURE OF APPLICANT

DATE

Mail completed application and all required documentation (as well as future correspondence) to:

Arizona Department of Health Services
Office of Special Licensing
 150 North 18th Avenue, 4th Floor, Suite 460
 Phoenix, Arizona 85007

PLEASE READ THIS INFORMATION PRIOR TO SUBMITTING YOUR CONTINUING EDUCATION FORMS

QUANTITY OF CONTINUING EDUCATION HOURS REQUIRED FOR RENEWAL (A.R.S. §36-1904):

A MINIMUM of 10 CE Hours are required for all speech language pathology licensure types.
1 CE Hour = 50 minutes continuous instruction.

DOCUMENTATION OF CE HOURS (A.A.C. R9-16-207):

A licensee shall maintain a record of each CE course completed by the licensee The record shall contain:

1. The name, address, and license number of the licensee;
2. A statement, signed by the licensee, verifying the information contained in the record and;
3. For each CE course completed by the licensee, the following information:

| CE Course | Course Provider | Course Presenter |
|------------------------------|------------------------------------|--------------------------------|
| 1. Course Name/Title | 5. Course Provider Name | 9. Presenter Name |
| 2. Number of Hours Earned | 6. Course Date | 10. Description of Presenter's |
| 3. Summary of Course Content | 7. Course Location of Presentation | Credentials (i.e. relevant |
| 4. Summary of Course | 8. Signed Statement from Course | education, training, |
| Educational Objectives | Provider Verifying Attendance | experience) |

CRITERIA USED TO DETERMINE CE COURSE/SESSION APPROVAL (A.A.C. R9-16-207):

The Department shall approve a CE course if the Department determines that the CE course:

1. Is designed to provide current developments, skills, procedures, or treatment in diagnostic and therapeutic procedures in audiology or speech-language pathology;
2. Is developed and presented by individuals knowledgeable and experienced in the subject area; and
3. Contributes directly to the professional competence of a licensee.

When you complete your CE Form for renewing your license...

1. Assume your courses are *not* pre-approved. See explanation below if you have CE Pre-Approval.
2. Complete all fields on the CE form. Do not use "see attached" to complete your form.
3. Write full descriptions of content summaries and objectives on the form.
4. Complete a separate CE Form for each distinct course session you attend.

Explanations of the above list regarding CE Form completeness

1. Arizona licensing is governed in accordance with Arizona law, not by professional organizations. ASHA and ArSHA course certifications or approvals have no bearing upon Department approval of a CE course/session and these do not equate to any form of "pre-approved" status for license renewal purposes. ***You should not assume your courses are pre-approved.***

Courses/sessions that are pre-approved by ADHS are assigned a specific and unique code. The code is sent to the sponsor/provider with instructions to print the code on the certificate of attendance that will be issued to attendees. If your certificate of attendance does NOT have an ADHS Pre-Approval Code, you MUST fill out the CE Form. Although not required unless the Department requests it, you are strongly encouraged to attach a copy of your certificate of attendance for each course/session attended.

2. The Department approves or denies CE Hours based on the information you provide on your CE Form. Therefore, ***complete all of the spaces in the form.*** The Department will not approve forms with missing information (except in the case of pre-approval noted above) and this will delay your application until it is complete. The Department will NOT accept "see attached" types of entries, copies of course syllabi, or high-lighted course materials, etc.

3. Because the Department approves or denies CE hours based upon the information you provide on your CE Form, it is vital that you ***write full descriptions in the course content summaries and objectives***. You should be describing how the course content and objectives contribute to improving your professional competence in your scope of practice according to the criteria listed above. Copying this information from course materials to the CE Form is acceptable.

4. For multiple-hour conferences and workshops, ***please use a separate CE form for each distinct course session attended***. These events typically cover multiple topics, and each of those sessions and the value of their corresponding hours are evaluated for approval. You may be required to submit a copy of the conference or workshop schedule highlighting the specific sessions you attended to help clarify to the Department the correct amount of hours.

AUTOMATIC DENIAL

The Department evaluates course summaries and educational objectives you provide on the CE Form to determine if they reflect the criteria listed above. Professional competence is in the context relevant to the licensee's scope of practice as defined in Arizona Revised Statute §36-1901. The following types of course content are categorically denied approval:

- **Business-related** – e.g ; practice management, practice success/improvement, marketing, reducing complaint, maximizing customer satisfaction, etc.;
- **Personal enhancement** - e.g. stress management, career advancement, networking, personal success and motivation;
- **Billing-related** – e.g.; maximizing Reimbursement / Coding Compliance; and
- **Policy-related** – e.g.; Employer/District policies and procedures trainings and 'updates'.

NOTIFICATION OF NEW EMPLOYER AND/OR NEW PRIMARY SUPERVISING SLP

This form must be filled out and submitted to the Department of Health Services – Office of Special Licensing within 30 days of employment as a SLPA and/or assignment to a new Primary Supervising SLP

| | |
|---|------------------------|
| Name of SLPA Licensee: | SLPA License #: |
| SLPA Licensee Attestation: I certify that the information provided on this form is true and accurate and understand that I must be supervised at all times of service provision in accordance with Arizona law (A.R.S. §36-1940.04.E). | |
| _____ | _____ |
| Signature of SLPA Licensee | Date |

| | |
|--|--|
| Name of Employer: | Employer Phone: |
| Address of Employer: | Employer Fax: |
| SLPA Service Provision Start Date with this Employer (Month, Day, Year): | |
| Name of Service Location: (where will services be provided by licensee? If more than one location, attach a copy of this form for <u>each</u>) | |
| Address of Service Location: | |
| Phone Number of Service Location: | Fax Number of Service Location: |
| Name of Primary Supervising SLP at this Service Location: | ADHS Lic. # of Primary Supervising SLP: |

| | |
|---|-------|
| Primary Supervising SLP Attestation: I certify that I am the Primary Supervising SLP for this SLPA licensee and understand that I am required by Arizona law to ensure the following in accordance with A.R.S §36-1940.01(E), (F), and (G): | |
| <p>E. E. All services provided by a speech-language pathology assistant shall be performed under the direction and supervision of a speech-language pathologist licensed pursuant to this chapter.</p> <p>F. A licensed speech-language pathologist who supervises or directs the services provided by a speech-language pathology assistant shall:</p> <ol style="list-style-type: none"> 1. Have at least two years of full-time professional experience as a licensed speech-language pathologist. 2. Provide direction and supervision to not more than two full-time or three part-time speech-language pathology assistants at one time. 3. Ensure that the amount and type of supervision and direction provided to a speech-language pathology assistant is consistent with the individual's skills and experience, the needs of the patient, client or student served, the setting in which services are provided and the tasks assigned and provide: <ol style="list-style-type: none"> a) A minimum of twenty per cent direct supervision and ten per cent indirect supervision of all of the time that a speech-language pathology assistant is providing services during the first ninety days of the person's employment. b) Subsequent to the first ninety days of a speech-language pathology assistant's employment, a minimum of ten per cent direct supervision and ten per cent indirect supervision of all of the time a speech-language pathologist assistant is providing service. 4. Inform a patient, client or student when the services of a speech-language pathology assistant are being provided. 5. Document all periods of direct and indirect supervision provided to a speech-language pathology assistant. <p>G. If more than one speech-language pathologist provides supervision to a speech-language pathology assistant, one of the speech-language pathologists shall be designated as the primary supervisor who is responsible for coordinating any supervision provided by other speech-language pathologists.</p> | |
| _____ | _____ |
| Signature of Primary Supervising SLP | Date |