



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

*This space for ADHS use only!*

Date Recd.: \_\_\_\_\_ OSL: \_\_\_\_\_  
 App. Fee: \$ \_\_\_\_\_  
 # \_\_\_\_\_  
 Lic. Fee: \$ \_\_\_\_\_  
 # \_\_\_\_\_  
 New Lic. #: SLPA \_\_\_\_\_

**I. 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 position that provides speech-language services?  YES  NO

If YES, you must fill out and submit the “Notification of New Employer and/or New Supervising SLP” form WITH this application packet.

**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

**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. Are you currently under or have you ever had disciplinary action, consent order, or settlement agreement, which is pending or has been imposed by any State, Territory or Country upon a Speech-Language Pathology Assistant License?
- Yes  No  2. Have you ever had a license to practice as a Speech-Language Pathology Assistant revoked, suspended or limited?
- Yes  No  3. Have you ever been convicted of a felony or misdemeanor for crimes of moral turpitude in this or any other State, Territory or Country?

LAST Name:	FIRST Name:	MI:
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**IV. REQUIRED DOCUMENTATION** (Please provide the information requested with this Application):

1. **A completed Department-provided Statement of Citizenship and Alien Status.**
2. **An official transcript issued to the applicant from a nationally or regionally accredited college or university, showing completion of at least 60 credit hours of general education and speech-language pathology technical coursework (20 to 40 units each).**
3. **A completed Department-provided Documentation of Clinical Interaction signed by a licensed master’s level speech-language pathologist who supervised the applicant, confirming the applicant’s completion of at least 100 hours of clinical interaction that did not include observation.**

**V. FEES** – Submit with this application **TWO SEPARATE CASHIER’S CHECKS OR MONEY ORDERS** (personal and business checks will not be accepted) in the amount of **\$100.00 EACH** for the NON-REFUNDABLE application fee and the licensing fee, payable to: **Arizona Department of Health Services**. Write in the memo line “SLPA license”.

**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.

**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 until a license has been issued to me.*

*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 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, 4<sup>th</sup> Floor, Suite 460  
Phoenix, Arizona 85007

Applicant LAST Name:	Applicant FIRST Name:	MI:
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## DOCUMENTATION OF CLINICAL INTERACTION

A minimum of one hundred hours of clinical interaction that does not include observation, under the supervision of a licensed master's level speech-language pathologist.

### Clinical Supervisor's Information

Name of Clinical Supervisor:	License #: <small>(ASHA CCC is NOT a License)</small>	State:

**I certify that I have a Master's degree in speech-language pathology and have personally supervised at least 100 hours of clinical interaction between the above named applicant and patients or students receiving speech-language pathology services and believe this applicant to be qualified to perform the services outlined in A.R.S. § 36-1940.01(C) which include:**

1. Conduct speech and language screenings without interpretation, using screening protocols specified by the supervising speech-language pathologist.
2. Provide direct treatment assistance, including feeding for nutritional purposes to patients, clients or students except for patients, clients or students with dysphagia, identified by the supervising speech-language pathologist by following written treatment plans, individualized education programs, individual support plans or protocols developed by the supervising speech-language pathologist.
3. Document patient, client or student progress toward meeting established objectives as stated in the treatment plan, individual support plan or individualized education program without interpretation of the findings, and report this information to the supervising speech-language pathologist.
4. Assist the speech-language pathologist in the collecting and tallying of data for assessment purposes, without interpretation of the data.
5. Act as a second-language interpreter during assessments.
6. Assist with informal documentation during an intervention session by collecting and tallying data as directed by the speech-language pathologist, preparing materials and assisting with other clerical duties as specified by the supervising speech-language pathologist.
7. Schedule activities and prepare charts, records, graphs or other displays of data.
8. Perform checks and maintenance of equipment.
9. Participate with the speech-language pathologist in research projects, in-service training and public relations programs.
10. Sign and initial treatment notes for review and co-signature by the supervising speech-language pathologist.

_____ Signature of Clinical Supervisor	_____ Date
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**ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR  
STATE LICENSING OR CERTIFICATION**

**Arizona Department of Health Services  
Division of Licensing Services**

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal. Copies are acceptable. Please be aware if you send an original document, we cannot guarantee its return to you.

**SECTION I – APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF LICENSE/CERTIFICATION \_\_\_\_\_

**SECTION II – CITIZENSHIP OR NATIONAL STATUS**

**Directions:** Attach a legible copy of the **front, and the back (if any)**, of a document from the attached List A.

Name of document provided: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**A.** Are you a citizen or national of the United States? (Check one)  Yes  No

**B.** If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_

Country or Territory \_\_\_\_\_

If you are a citizen or national of the United States, go to Section IV.

If you are **not** a citizen or national of the United States, please complete Sections III and IV.

**SECTION III – ELIGIBLE ALIEN STATUS**

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Attach a legible copy of the **front, and the back (if any)**, of a document from the attached List B.

Name of document provided: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION IV – DECLARATION**

**All applicants must complete this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**SECTION V – VERIFICATION BY OFFICE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Arizona Department of Health Services  
Division of Licensing Services**

Title IV of the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non-immigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

**EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS  
LIST A: U.S. CITIZEN OR U.S. NATIONAL**

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**a. Primary Evidence:**

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS- 240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

## **b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction));

## **c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

### **Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

### **U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

### **Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

#### **d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

#### **Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

#### **e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

#### **f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

### **LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("\*").

#### **a. "Qualified Aliens"**

Evidence of "Qualified Alien" status includes the following:

##### ***Alien Lawfully Admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

##### ***Asylee***

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";

- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

***Refugee***

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3"

***Alien Paroled Into the U.S. for a Least One Year***

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

***Alien Whose Deportation or Removal Was Withheld***

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

***Alien Granted Conditional Entry***

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3."

***Cuban/Haitian Entrant***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

**b. Nonimmigrant**

Evidence of "Nonimmigrant" status includes the following:

- \* Form I-94 with stamp showing authorized admission as nonimmigrant

**c. Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- \* Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

# 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

<b>Name of SLPA Licensee:</b>	<b>SLPA License #:</b>
<b>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).</b>	
_____	_____
Signature of <b>SLPA Licensee</b>	Date

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

<b>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):</b>	
<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"> <li>1. Have at least two years of full-time professional experience as a licensed speech-language pathologist.</li> <li>2. Provide direction and supervision to not more than two full-time or three part-time speech-language pathology assistants at one time.</li> <li>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"> <li>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.</li> <li>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.</li> </ol> </li> <li>4. Inform a patient, client or student when the services of a speech-language pathology assistant are being provided.</li> <li>5. Document all periods of direct and indirect supervision provided to a speech-language pathology assistant.</li> </ol> <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 <b>SLP</b>	Date