




**SPEECH-LANGUAGE PATHOLOGIST
INITIAL APPLICATION**

Bureau of Licensing for Professions & Occupations
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

Legal First Name	Legal Middle Name	Legal Last Name	Previous AZ License #, (if applicable)
------------------	-------------------	-----------------	--

Pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 17 and *Arizona Administrative Code* (A.A.C.) Title 9, Chapter 16, **all requirements** listed below must be submitted before a license can be issued by the Department. Missing items or blank fields on the application will result in a request for the missing information and delay processing of the application.

APPLICATION CHECKLIST		ADHS Review
	Application with <u>all</u> fields complete. Answer <u>all</u> Yes/No questions. Submit the entire application (pages 1-8)	
	A completed and signed Statement of Citizenship or Alien Status form (see pages 6 & 7)	
	Photocopy of citizenship or authorized presence document (see page 8)	
	<p>Submit:</p> <ul style="list-style-type: none"> A valid CCC-SLP Certification from the American Speech-Language-Hearing Association (ASHA): <ul style="list-style-type: none"> Provide documentation of the certification ASHA certification number _____ <p style="text-align: center;">OR</p> <p>ALL of the following:</p> <ul style="list-style-type: none"> A transcript (unofficial transcripts are acceptable) or equivalent documentation issued to the applicant from an accredited college or university after the applicant's completion of a master's degree consistent with the standards of this state's universities, as required in A.R.S § 36-1940.01(A)(2)(a) Documentation of the applicant's completion of the ETSNESLP (Praxis) as required in ARS § 36-1940.01(A)(3) Documentation of completing of a clinical practicum, as required in A.R.S § 36-1940.01(A)(2)(b) Documentation of the completion of clinical fellowship 	
	Per A.R.S. § 36-1904 (G)(H) If applying after 30 day grace period and within 1 year of expiration of license, you must submit 20 hours of continuing education within the last 24 months before the date of the application.	
	If convicted of a misdemeanor or felony (including DUI), photocopy of court records documenting disposition and verification of completion of disposition must be submitted with application.	
	<p>If the applicant has had a speech-language pathologist license suspended, revoked, or had disciplinary action taken against the professional license or certification, documentation that includes:</p> <ul style="list-style-type: none"> The date of the disciplinary action, revocation, or suspension; The state, territory, or district of the U.S. that issued the disciplinary action, revocation, or suspension; and An explanation of the disciplinary action, revocation, or suspension Any other applicable documents, including a legal order or settlement agreement 	

	<p>If currently ineligible for licensing or certification in any state because of a license revocation or suspension, provide a photocopy of documentation that includes:</p> <ul style="list-style-type: none"> • The date of the ineligibility; • The state or jurisdiction of the ineligibility; and • An explanation of the ineligibility for licensing or certification. 	
	<p>If current legal name is different than the name on any of the documents submitted, provide a photocopy of a name linkage document (marriage certificate, divorce decree, court order, etc.)</p>	
	<p>A nonrefundable initial application fee of \$100 plus an initial license fee of \$200 via cashier's check or money order made payable to the Arizona Department of Health Services,</p> <p>OR you may complete the attestation below to request an initial application and license fee waiver, per A.R.S. § 41-1080.01.</p> <p>NOTE: Do not sign the waiver attestation if you do not qualify and are paying the application and license fees.</p> <p>I, _____, attest under penalty of perjury that:</p> <p>(Printed Name of Applicant)</p> <ul style="list-style-type: none"> • I meet the following fee waiver eligibility requirements, as specified in A.R.S. § 41-1080.01 as I am applying for this license for the first time in Arizona AND (please check one of the following) <ul style="list-style-type: none"> <input type="checkbox"/> My family income does not exceed 200% of the federal poverty guidelines, OR <input type="checkbox"/> I am an active duty military member's spouse, OR <input type="checkbox"/> I am an honorably discharged veteran who has been discharged not more than two years before the date of this application. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Applicant's Signature </div> <div style="text-align: center;"> _____ Date </div> </div>	

APPLICANT INFORMATION

The applicant agrees to allow the Department to submit supplemental requests for information under A.A.C. R9-16-214(C).

☐ Yes ☐ No

Legal First Name

Legal Middle Name

Legal Last Name

Social Security Number (XXX-XX-XXXX)

Phone Number (XXX) XXX-XXXX

Email Address

Residential Street Address

Apt, Unit, etc. #

City

State

Zip Code

Mailing Street Address, if different than residential address

Apt, Unit, etc. #

City

State

Zip Code

If applicable, please provide your business information below:

Business Address

Suite, Unit, etc. #

City

State

Zip Code

Business Telephone Number

LICENSE/CERTIFICATION HISTORY

Do you hold other licenses as a speech-language pathologist in this or any other state or country?

☐ Yes ☐ No

If you answered 'Yes' to the previous question, list the professional license or certification and the state or country in which it was issued. If you have more than one, please include additional copies of this page with your application.

Professional License or Certification

State Issued

License/Certificate Number

Date Issued

Have you ever had a professional license or certificate not related to speech language pathology suspended or revoked by any state?

☐ Yes ☐ No

If you answered 'Yes' to the previous question, please provide the following information:

The type of action taken against the professional license or certificate:

The date of the action:

The state or jurisdiction that issued the action:

An explanation of the revocation or suspension:

Are you currently ineligible for licensing or certification in any state because of a license revocation or suspension?

☐ Yes ☐ No

If you answered 'Yes' to the previous question, please list:

The type of action taken against the professional license or certificate:	The date of ineligibility:	The state or jurisdiction:
---	----------------------------	----------------------------

An explanation of the ineligibility for licensing or certification:

Has any disciplinary action ever been imposed by any state, territory, or district in this country for an act related to the applicant's practice of speech language pathology consistent with A.R.S Title 36, Chapter 17? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

If you answered 'Yes' to the previous question, please list:
--

The type of action taken against the professional license or certificate:	The date of the action:	The state or jurisdiction that issued the action:
---	-------------------------	---

An explanation of the disciplinary action:
--

EDUCATIONAL INFORMATION

Name of Institution	Degree, Certification, etc.	Date of Graduation (MM/YYYY)
---------------------	-----------------------------	------------------------------

City	State
------	-------

Other Institution(s) Attended (if applicable)	Degree, Certification, etc.	Date of Graduation (MM/YYYY)
---	-----------------------------	------------------------------

City	State
------	-------

EMPLOYMENT (Current Employment Information)

<input type="checkbox"/> I am not currently employed as a speech-language pathologist.	Name of Current Employer
--	--------------------------

Position	Dates of employment (MM/YYYY-MM/YYYY)	Employer Phone Number (XXX) XXX-XXXX
----------	---------------------------------------	--------------------------------------

Address of Employer	City	State	Zip Code
---------------------	------	-------	----------

<input type="checkbox"/> I do not have a supervisor

Supervisor's Name	Supervisor's Email Address	Supervisor's Telephone Number
-------------------	----------------------------	-------------------------------

Additional Employer, if applicable	Position	Dates of employment (MM/YYYY-MM/YYYY)
------------------------------------	----------	---------------------------------------

Address of Employer	City	State	Zip Code
---------------------	------	-------	----------

Applicant Legal First Name	Applicant Legal Middle Name	Applicant Legal Last Name
----------------------------	-----------------------------	---------------------------



**SPEECH-LANGUAGE PATHOLOGY COMPLETION OF CLINICAL
FELLOWSHIP ATTESTATION**

Please complete a separate copy of this attestation for each differing clinical site and supervisor.

TEMPORARY SPEECH-LANGUAGE APPLICANT INFORMATION		
LEGAL FIRST NAME	LEGAL MIDDLE NAME	LEGAL LAST NAME(S)
TEMPORARY SPEECH-LANGUAGE PATHOLOGIST LICENSE NUMBER		
SUPERVISING SPEECH-LANGUAGE PATHOLOGIST INFORMATION		
SUPERVISOR'S LEGAL FIRST NAME	SUPERVISOR'S LEGAL MIDDLE NAME	SUPERVISOR'S LEGAL LAST NAME(S)
SUPERVISING SLP'S STATE OF LICENSURE		SUPERVISING SLP'S LICENSE # (DO NOT LIST ASHA #)

Clinical Fellowship Supervisors

Pursuant to A.R.S. § 36- 1905 and A.A.C. R9-16-209, I attest that I am licensed as a Speech Language Pathologist and have supervised the applicant listed above in the following:

Full Clinical Fellowship:

- Completion of a minimum of 36 supervisory activities throughout an individual's clinical fellowship which included:
 - A minimum of 18 on-site observations,
 - No more than six on-site observations in a 24-hour period, and
 - A minimum of 18 monitor activities

Partial Clinical Fellowship:

- Completion of a minimum of _____ supervisory activities throughout an individual's clinical fellowship which included:
 - A minimum of _____ on-site observations,
 - No more than six on-site observations in a 24-hour period, and
 - A minimum of _____ monitor activities

The hours of clinical interaction were completed on _____.

Date MM/DD/YYYY



SUPERVISOR'S Signature

Date (MM/DD/YYYY)



**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFIT**

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), nonimmigrants, 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 (A.R.S.) § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions:

1. All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
2. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license.
 - a. If the document you submit does not contain a photograph, **you must also provide a government issued document that contains your photograph.**
 - b. You must submit supporting legal documentation (i.e. marriage certificate) **if the name on your evidence is not the same as your current legal name.**

SECTION I — APPLICANT INFORMATION

Legal First Name	Legal Middle Name	Legal Last Name
Type of Application:	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal Application
Type of License/Certification:	<input type="checkbox"/> Medical Radiologic Technologist	<input type="checkbox"/> Laser Technician
	<input type="checkbox"/> Speech Language Pathology	<input type="checkbox"/> Audiology
	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Hearing Aid Dispensing

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' to the previous question, indicate place of birth:		
City: _____	State (or equivalent): _____	Country or Territory: _____
If you answered 'Yes,'		
1. Attach a legible copy of a document from the attached list.		
Name of Document: _____		
2. Skip Section III and go to Section IV.		
If you answered 'No,' complete sections III and IV.		

SECTION III — ALIEN STATUS DECLARATION

To be completed by applicants who are **not citizens or nationals of the United States.**

1. Please indicate alien status by checking the appropriate box below.
2. Attach a legible copy of a document from the attached list.

Name of Document: _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).
- ☐ 10. Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))
- ☐ 11. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 12. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 13. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- ☐ 14. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

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 and evidence I have given are true and correct to the best of my knowledge.

Signature of Applicant

Date



Applicant's Legal First Name

Applicant's Legal Middle Name

Applicant's Legal Last

ACCEPTABLE EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

Per A.R.S. § 41-1080, you must submit one of the documents in the list below to verify authorized presence in the United States.

Please note:

1. If the name on the document submitted is NOT your current legal name, you MUST provide a legal name linkage document (i.e. marriage certificate, court order, etc.)
2. If the document submitted does NOT contain your photograph, you MUST provide another government issued document that **contains a photograph**.

Acceptable Documents:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver's license issued by a state that verifies lawful presence in the U.S. is acceptable; however, not all states follow this practice. A license with 'enhanced' credentials does confirm lawful presence. If submitting a driver's license from a state other than Arizona, it is the applicant's responsibility to ensure it verifies lawful presence. If submitting a driver license which does not verify lawful presence, applicants must submit an additional document from the list below, eg. a U.S. birth certificate.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.