



**SPEECH-LANGUAGE PATHOLOGY ASSISTANT
INITIAL APPLICATION**

Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

Legal First Name	Legal Middle Name	Legal Last Name	Previous AZ License # (if applicable)
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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 all fields complete. Answer all Yes/No questions. Submit the entire application (pages 1-9)		
Applicant Information		
A completed and signed Statement of Citizenship or Alien Status form (see pages 7 & 8)		
Photocopy of citizenship or authorized presence document (see page 9)		
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.)		
Professional Certification Credentials or Education History		
<p>ONE of the following:</p> <ul style="list-style-type: none"> • If you have a valid SLP Assistant 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> <ul style="list-style-type: none"> • If you do not have an ASHA SLP Assistant Certification, but have a bachelor's degree or higher: <ul style="list-style-type: none"> ○ Provide transcripts (unofficial transcripts are acceptable) or equivalent documentation issued to the applicant from an accredited college or university after the applicant's completion of: <ul style="list-style-type: none"> ▪ A bachelor's degree or higher, and ▪ No less than 20 semester credit hours of speech-language pathology technical course work ○ A completed and signed supervised clinical interaction experience form (see page 6). The total number of hours must equal 100 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • If you do not have an ASHA SLP Assistant Certification or a bachelor's degree or higher: <ul style="list-style-type: none"> ○ Provide transcripts (unofficial transcripts are acceptable) or equivalent documentation issued to the applicant from an accredited college or university after the applicant's completion of a at least 60 semester credit hours of general education and speech-language pathology technical course work as specified in A.R.S. 36-1940.04(A) that requires: <ul style="list-style-type: none"> ▪ No less than 20 semester credit hours of general education ▪ No less than 20 semester credit hours of speech-language pathology technical course work ○ A completed and signed supervised clinical interaction experience form (see page 6). The total number of hours must equal 100. 		

Criminal History

If convicted of a misdemeanor or felony (including DUI), a photocopy of court records documenting disposition and verification of completion of disposition must be submitted with application.

Occupational License/Certification History from Arizona or another State

If the applicant has had a professional license suspended or revoked please provide documentation that includes:

- The date of the revocation or suspension;
- The state or jurisdiction that issued the revocation or suspension; and
- An explanation of revocation or suspension.

If currently ineligible for licensing or certification in any state because of a license revocation or suspension, provide a photocopy of documentation that includes:

- The date of the ineligibility;
- The state or jurisdiction of the ineligibility; and
- An explanation of the ineligibility for licensing or certification.

Fees

- 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

OR

- You may complete the attestation below to request an initial application and license fee waiver, per A.R.S. § 41-1080.01.

NOTE: Do not sign the waiver attestation if you do not qualify and are paying the application and license fees.

I, _____, attest under penalty of perjury that:
(Printed Name of Applicant)

- 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)
 - My family income does not exceed 200% of the federal poverty guidelines, **OR**
 - I am an active duty military member's spouse, **OR**
 - I am an honorably discharged veteran who has been discharged not more than two years before the date of this application.



Applicant's Signature

Date

APPLICANT INFORMATION

The applicant agrees to allow the Department to submit supplemental requests for information under A.A.C. R9-16-506. Yes No

Legal First Name	Legal Middle Name	Legal Last Name
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Social Security Number (XXX-XX-XXXX)	Phone Number (XXX) XXX-XXXX
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Email Address

Residential Street Address Apt, Unit, etc. #

City	State	Zip Code
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Mailing Street Address, if different than residential address Apt, Unit, etc. #

City	State	Zip Code
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LICENSE/CERTIFICATION HISTORY

Do you hold other valid licenses as a speech-language pathology assistant 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
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Have you ever had a professional license or certificate suspended or revoked by any state?
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 the action:	The state or jurisdiction that issued the action:
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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:
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An explanation of the ineligibility for licensing or certification:

EDUCATIONAL INFORMATION

(NOTE: Not including the city and state will result in a delay processing your application.)

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)

I am not currently employed as a Speech-Language Pathology Assistant.

Current or most recent Employer	Employers Telephone Number	
Employer's Street Address	Suite, Unit, etc. #	
City	State	Zip Code
Additional Employer if applicable	Employers Telephone Number	
Employer's Street Address	Suite, Unit, etc. #	
City	State	Zip Code

CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor? If 'Yes,' complete all fields. Yes No	Was it a felony or misdemeanor? Felony Misdemeanor	
Date of Conviction (MM/DD/YYYY)	Court Name	State or Jurisdiction
Charge(s) convicted of		
Disposition (sentencing information)	Completed sentence and all terms? Yes No	
Explanation (attach a court record documenting disposition and verification of completion of disposition <u>OR</u> a letter from the court stating the records have been purged, expunged, or not found).		

Applicant Legal First Name	Applicant Legal Middle Name	Applicant Legal Last Name
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APPLICANT ATTESTATION

I, _____, attest
(Printed Applicant Name)
 that all information submitted as part of this application is true and accurate.



 Applicant's Signature

 Date

NOTICES

- Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):
 - B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
 - E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
 - F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
 - G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

- Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

I am a U.S. veteran.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I am a U.S. military spouse.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant's Legal First Name	Applicant's Legal Middle Name	Applicant's Legal Last Name

**SPEECH-LANGUAGE PATHOLOGY ASSISTANT
SUPERVISED CLINICAL INTERACTION EXPERIENCE FORM**

Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

****This document is not to be changed or modified. Please complete only the cells that are fillable. ****

APPLICANT INFORMATION		
Legal First Name	Legal Middle Name	Legal Last Name
SUPERVISING SPEECH-LANGUAGE PATHOLOGY INFORMATION		
Supervisor Legal First Name	Supervisor Legal Middle Name	Supervisor Legal Last Name
Supervising SLP's State of Licensure	Supervisor's State SLP's License # (do not list ASHA #)	
CLINICAL INTERACTION EXPERIENCE SUPERVISOR ACKNOWLEDGEMENT		
<p>By signing below, I confirm that I am licensed as a Speech-Language Pathologist and have supervised the applicant listed above in their completion of at least _____ hours of speech-language pathology clinical interaction, not including observation hours.</p> <p style="text-align: center; font-size: small;"># of hours</p> <p>The hours of clinical interaction were completed on _____.</p> <p style="text-align: center; font-size: small;">MM/DD/YYYY</p>		
		
<hr/> Supervising SLP's Signature		<hr/> Date

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFIT
Bureau of Special Licensing**

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:	Initial Application	Renewal Application
Type of License/Certification:	Medical Radiologic Technologist	Laser Technician
	Speech Language Pathology	Audiology
	Midwifery	Hearing Aid Dispensing

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?	Yes	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 Name

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 license issued by a state that verifies lawful presence in the United States (**Illinois, New Mexico, Utah, and Washington (except for 'Enhanced' credentials) do not verify lawful presence in U.S.**) *You may submit a U.S. birth certificate to show lawful presence.
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.