

STATE OF MAINE

BOARD OF SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DEALING AND FITTING

APPLICATION FOR REGISTRATION

- Speech-Language Pathology Assistant



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

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
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-Language Pathology, Audiology and Hearing Aid Dealing and Fitting 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:

- Application Guide for Registration as a Speech-Language Pathology Assistant
- Application

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#296> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

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>

DESCRIPTION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT

A Speech-Language Pathology Assistant is an individual who meets the educational and practicum requirements as determined by the board and has been approved to be registered under a qualified, Maine Licensed Speech-Language Pathologist (“SLP”). A SLP Assistant may be registered under only one Maine licensed SLP and must follow the supervision requirements, including documentation of supervision pursuant to Chapter 4 of the board’s rules.

APPLICATION PROCEDURE:

- Completed application forms must be submitted for Board approval prior to the date of first employment of the Assistant under the supervision of the registering professional.
- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- 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 Licensing & Registration’s website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

Speech-Language Pathology Assistant Applications for Registration Shall Include the Following:

- Completed and signed Application;
- Documentation of 10 hours of Board approved SLP Supervisory Training.
Please note: Pursuant, to Board Rules, Chapter 4, Section 2(C)(6), the registering professional must report in writing to the Board the discontinuance of supervision of a registered Assistant within thirty (30) days of the discontinuance.
- Official Transcript demonstrating a minimum of an associates degree (60 credit hours) in a Speech-Language Pathology Assistant training program, or an equivalent course of study with a major emphasis in the area of Speech-Language Pathology. Please refer to Board rules Chapter 4, Section 2(B)(1) for further clarification;
- Documentation of a practicum as either a SLP aide or as a student under the supervision of a Board licensed Speech-Language Pathologist in a regionally accredited training program. Please refer to Board rules Chapter 4, Section 2(B)(2) for further clarification; and
- Payment of a Criminal History Check fee of \$21.00.

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: www.maine.gov/professionallicensing/license_search.htm.
- **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 Licensing and Registration 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.

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:	
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.

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 Licensing and Registration 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: _____

SLP Supervisor's Affirmation

By signing, I understand that the Board of Speech-Language Pathology, Audiology and Hearing Aid Dealing and Fitting 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).

SUPERVISOR SIGNATURE: _____ DATE: _____