

STATE OF MAINE

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

APPLICATION FOR LICENSURE

- Temporary Speech-Language Pathologist
 - Temporary Audiologist



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 licensure as a Temporary Speech-Language Pathologist or Temporary Audiologist 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
- Individual License Application
- Supervisory Plan Information Sheet
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES:

- Licensing Law for Speech Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html> or call (207) 624-8626

- Licensing Rules Specific to Speech Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

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 TEMPORARY LICENSURE:

A Temporary Speech-Language Pathologist or Temporary Audiologist is an individual who meets the board's educational and supervisory plan requirements and has been granted a license to practice under supervision. A temporary license is someone who "practices audiology or speech-language pathology while under supervision and training of an individual who holds a valid license in good standing in the appropriate specialty under this chapter."

APPLICATION PROCEDURE:

- 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.

Temporary Licensure, Speech-Language Pathology or Audiology

Applications for Temporary Licensure Shall Include the Following:

- A completed and signed Application;
- Official Transcript forwarded directly to the Board from the issuing University or College indicating a Master's degree or equivalent coursework;
- Evidence of having completed 400 clock hours of supervised clinical observation and clinical practicum. Please refer to Board Rule Chapter 2, Section 1(A)(1)(a)(ii);
- A supervisory plan that meets ASHA's clinical fellowship requirements (See Supervisory Plan Information Sheet.)
- NPDB/HIPDB Self-query Reports;
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$90.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

Change of Status Applicants

IMPORTANT NOTICE: Please provide the following information when requesting a change of status from temporary to full licensure.

- Completed and signed application for permanent licensure;
- A written request for Change of Status;
- Documentation of completion of Clinical Fellowship Year – copies of ASHA rating and reporting forms;
- Official evidence of a passing score on the examination administered by Praxis (passing score is 600) – if not previously submitted to this office;
- NPDB/HIPDB Self-query Reports – if not previously submitted to this office; and
- Payment of a Licensure fee of \$90.00.

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.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
<p>1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.</p> <p>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.</p>
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

<p>Board of Speech-Language Pathology, Audiology, and Hearing Aid Dealing and Fitting</p> <p>Please Select License Type:</p> <p><input type="checkbox"/> Temporary Speech-Language Pathologist (ST1421) <input type="checkbox"/> Temporary Audiologist (AT1421)</p> <p align="center">Required Fee: \$161 (includes Criminal History Records Check Fee)</p>	<p>Office Use Only:</p> <p>1421 - \$90.00 1446 - \$50.00 2619 - \$21.00</p>
<p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</p>	<p>Rev. 7/2008</p>

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:
NAME OF CARDHOLDER (please print) <i>FIRST MIDDLE INITIAL LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____
Card number: <i>XXXX-XXXX-XXXX-XXXX</i> Expiration Date <i>mm / yyyy</i>
SIGNATURE DATE

Education

Name of School	Date of Graduation	Major	Degree Awarded

Employment

Please provide information regarding your current employment and where you are seeking employment.

Current Employer:		Work Phone <i>(include area code)</i> :
Mailing Address:		
City:	State:	Zip Code:

Prospective Employer:		Work Phone <i>(include area code)</i> :
Mailing Address:		
City:	State:	Zip Code:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? YES NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. [] YES [] NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. [] YES [] NO

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: _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
**Board of Speech-Language Pathology, Audiology and
Hearing Aid Dealing and Fitting**
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

PROPOSED SUPERVISORY PLAN

**Please refer to <http://www.asha.org>, the website of the
Speech-Language-Hearing Association for more information.**

A letter from the supervising licensee should include:

- Employment setting
- Hours worked per week (ASHA requires 15-19 hours/week for 72 weeks; 20-24 hrs/wk for 60 wks; 25-29 hrs/wk for 48 wks; 30 and over (full time) for 36 wks)
- Duration of the clinical fellowship
- Number of supervisory activities to be completed and the method or type of supervision and monitoring activities
- Method of evaluation (Clinical Fellowship Skills Inventory)
- Intention to submit the completed Clinical Fellowship Report to the Board when change of status from temporary to permanent licensure is requested
- Supervisor's signature

OFFICE PHONE: (207)624-8626



PRINTED ON RECYCLED PAPER

(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE
www.maine.gov/professionallicensing

FAX: (207)624-8637



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”)
Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

Tel: (800)767-6732

TDD: (703)802-9395

Dated: September 28, 2007