



**State of Maine  
Department of Professional & Financial Regulation  
Office of Professional & Occupational Regulation**

**INDIVIDUAL LICENSE APPLICATION**

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

**Board of Speech, Audiology and Hearing**

LICENSE TYPE:

- Speech-Language Pathology Assistant (*SAS1421*)  
**Required fees: \$71.00 (includes criminal history records check fee)**

**Office Use Only:**

1421 - \$50.00  
2619 - \$21.00

*Office Use Only:*

Check # \_\_\_\_\_

Amount: \_\_\_\_\_

Cash # \_\_\_\_\_

Lic. # \_\_\_\_\_

REV 08032022

**PAYMENT OPTIONS:**

Make checks payable to “Maine State Treasurer” – if you wish to pay by credit or debit card, fill out the following:

NAME OF CARDHOLDER (please print)	
ADDRESS OF CARDHOLDER (please print)	
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my card the following amount: \$ _____	
<input checked="" type="checkbox"/> <b>I understand that fees are non-refundable</b>	
Card number:	Expiration Date /
<b>SIGNATURE</b>	<b>DATE</b>
_____	_____

### 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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.

**What if I have other questions?** Visit our website at: <https://www.maine.gov/pfr/professionallicensing/professions/board-speech-audiology-hearing> or contact the office at Tel. 207-624-8603 or e-mail: [slpauhdhad.board@maine.gov](mailto:slpauhdhad.board@maine.gov)

### 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 Professional & Occupational Regulation 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
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

**Practicum Hours**

Have you completed the 95 hours of supervised practicum through an accredited speech-language pathology assistant program?

YES, see attached  
 NO, the supervisor will submit a letter with the completed supervision form.

If you have not completed the practicum hours through an accredited speech-language pathology assistant program, then your supervisor(s) must submit a letter with your application stating that you will receive 15 hours of observation, and 40 hours of direct supervision while working with pediatric clients or 40 hours of direct supervision while working with adult clients prior to providing services to either population without direct supervision.

**Credentialing History**

Have you ever held a professional license/certification/registration in this or any other state/country?

YES  NO

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure?

YES  NO

If yes:

Profession	License #	State/ Country	Date Issued	Expiration Date	Has this license been the subject of discipline or been denied? Yes or No

**Background Check Notice**

Pursuant to 5 MRS §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**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 Professional and Occupational Regulation 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: \_\_\_\_\_

Please read the laws governing speech-language pathology assistants and the practice of speech-language pathologists prior to submitting your application. These are available at the following website:

<https://www.maine.gov/pfr/professionallicensing/professions/board-speech-audiology-hearing/home/laws-rules>

### **Licensure as a Speech-Language Pathology Assistant**

A speech-language pathology assistant may practice only under supervision, as defined by 32 M.R.S. §17101(17), of an approved supervising speech-language pathologist. Licenses expire annually at the end of February. To qualify for licensure as a speech-language pathology assistant the applicant must show proof of meeting the educational and practicum requirements through one of the following pathways:

#### **Pathway 1:**

- Completed Application;
- Payment of \$50.00 license fee;
- Payment of \$21.00 criminal history records check fee;
- Official Transcript documenting proof of an associate degree from an accredited institution in a speech-language pathology assistant program;
- Verification of completion of 95 hours of supervised practicum (see Board Rules Chapter 9, Section 1 for more information);
- Completed Supervision Form for each supervising SLP (see Supervision Form on pages 5 - 6);
- Documentation demonstrating the Speech-Language Pathologist has completed ten (10) hours of training regarding the supervision of speech-language pathology assistants
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 7)

#### **Pathway 2:**

- Completed Application
- Payment of \$50.00 license fee;
- Payment of \$21.00 criminal history records check fee;
- Official Transcript documenting proof of an associate or bachelor's degree from an accredited institution in the field of communication disorders. An associate degree in the field of communication disorders must include coursework in all of the following: Introductory or overview course in communication disorders; phonetics; Speech sound disorders; language development; Language disorders; Anatomy and physiology of speech and hearing mechanisms. If the practicum hours were not completed as part of the academic program, then each supervising speech-language pathologist must submit a letter with the application stating that the speech-language pathology assistant will receive 15 hours of observation and 40 hours of direct supervision while working with pediatric clients or 40 hours of direct supervision while working with adult clients prior to providing services to either population without direct supervision;
- Completed Supervision Form for each supervising SLP (see Supervision Form on pages 5 - 6);
- Documentation demonstrating the Speech-Language Pathologist has completed ten (10) hours of training regarding the supervision of speech-language pathology assistants; and
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 7)



Janet T. Mills  
Governor

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

Anne L. Head  
Commissioner

**Supervision Form for Speech-Language Pathology Assistant Licensees**

This form is required to be submitted by applicants for a speech-language pathology assistant license or to report changes in supervisory relationships to the Board.

<b>Employment Setting</b>		
<b>A completed Supervisor form is needed for each place you will be employed.</b>		
Name of Assistant:		License Number:
Name of Practice Setting:		
Hours worked per week:		
Address:		
City:	State:	Zip Code:
Work Telephone:	Email:	
<b>Supervisor Information</b>		
<b>A completed Supervisor form is needed for each Supervisor you will have.</b>		
Name of Supervisor:		License Number:
Name of Practice Setting:		
Hours supervised per week:		
Address:		
City:	State:	Zip Code:
Work Telephone:	Email:	



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OFFICE PHONE: (207)624-8624

TTY USERS CALL MAINE RELAY 711  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637

### Supervisor Information

List the names of any other Speech-Language Pathology Assistants currently registered under your supervision and number of hours you supervise them per week:

Name	Hours: full or part time

Please note:

A supervising Speech-Language Pathologist may supervise up to 2 full-time/40 hours per week supervisees, or 4 part-time/20 hours per week supervisees, provided that a supervisor may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the supervisor's ability to competently supervise such persons and also perform any direct client services for which the supervisor is responsible.

### Speech-Language Pathology Assistant

By signing this form, I understand that, upon licensure, I may practice only under the supervision, as defined by 32 M.R.S. §17101(17), of an approved supervising speech-language pathologist as set forth in Chapter 9, Sections 3, 4 and 5 of the Rules of the Board of Speech, Audiology and Hearing and by the laws of the State of Maine. I also understand that if this supervisory relationship changes, it is my responsibility to notify the Board within ten (10) days of the change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Speech-Language Pathologist

By signing this form, I agree that, upon licensure of the above named applicant, I will provide supervision pursuant to the laws of the State of Maine and all rules of the Board of Speech, Audiology and Hearing. Further, I understand that I am legally and ethically responsible for the professional activities for this and other speech-language pathology assistant(s) under my supervision. I also understand that if this supervisory relationship changes, it is my responsibility to notify the Board within ten (10) days of the change .

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VERIFICATION OF LICENSURE

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked
- Type of license issued to you
- Date your license was issued
- Disciplinary action(s) against your license, if any

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web -address, date the License Verification was printed, and any indication of disciplinary history, e.g., no discipline or discipline. If discipline is indicated, please submit a copy of the discipline imposed such as the Board Order or Agreement.

A copy of your license is not acceptable as a license verification.