



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

INDIVIDUAL LICENSE APPLICATION

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

Board of Speech, Audiology and Hearing

LICENSE TYPE:

- ☐ Temporary Speech-Language Pathologist (ST1421)
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. # _____

PAYMENT OPTIONS:

REV. 03282022

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"/> I understand that fees are non-refundable	
Card number:	Expiration Date /
SIGNATURE	DATE
_____	_____

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: slpaulhad.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.

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.

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 temporary licensure and practice of speech-language pathology 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 Temporary Speech-Language Pathologist

Temporary licensure is granted to an individual who meets the Board's education and supervisory plan requirements. A temporary license means an individual who is licensed under this chapter and practices speech-language pathology while under supervision and training of a Maine licensed speech-language pathologist. Supervision means the direct observation of work and the assessment of written records of service by a Maine licensed speech-language pathologist commensurate with the skills of the individual as determined by the supervisor.

The following documents are required:

- Completed Application;
- Payment of \$50.00 license fee;
- Payment of \$21.00 criminal history records check fee;
- Official Transcript documenting proof of a master's degree, doctoral degree, or equivalent degree from accredited institution (see Board Rules Chapter 3, Sections (1)(A) for more information);
- Evidence of having completed 25 hours of supervised clinical observation and 375 hours of supervised clinical practicum
- Supervisory Plan prepared and signed by an eligible supervisor that conforms to ASHA's clinical fellowship requirements (See CFY instructions on page 6);
- Completed Supervision Form (See page 5);
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 7)

Renewal of Temporary license (Temporary licenses can only be renewed one time):

- Written request for renewal of license (must be made at least one month prior to expiration date);
- \$50.00 license fee;
- Supervisory Plan prepared and signed by an eligible supervisor that conforms to ASHA's clinical fellowship requirements (See CFY instructions on page 6);
- Completed Supervision Form (See page 5)



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

Joan F Cohen
Commissioner

Supervision Form for Temporary Licensees

This form is required to be submitted by applicants for temporary licensure of speech-language pathology or audiology or for temporary licensees to report changes in supervisory relationships to the Board.

Applicant Data	
Name of Applicant:	
Proposed Supervisor's Data	
Please select one: <input type="checkbox"/> New supervisor <input type="checkbox"/> Change of supervisor	
Name of previous supervisor: _____	
Name of Proposed Supervisor:	
Maine License Number:	

By my signature I attest that I have read and agree to provide supervision pursuant to the laws and rules relating to speech-language pathology. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

Signature: _____

Date: _____



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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



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

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; and
- ☐ Supervisor's signature.



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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.