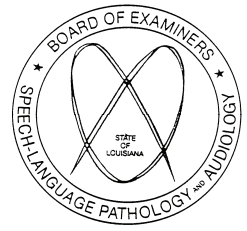




LOUISIANA BOARD OF EXAMINERS FOR  
 SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
 18550 Highland Road, Suite B • Baton Rouge, Louisiana 70809  
 Office: (225) 756-3480 • Toll Free: (800) 246-6050 • Fax: (225) 756-3472  
 Website: www.lbespa.org • Email: aud-slp@lbespa.org



## APPLICATION FOR LICENSE

I hereby apply for a license to practice Speech-Language Pathology and/or Audiology within the State of Louisiana under the rules established by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology and Act 892 of the 1995 Regular Session of the Louisiana Legislature.

I herewith submit the licensure fee of \$125.00 (Audiologists applying for registration in Hearing Aid Dispensing must include an additional \$25.00) in the form of a certified check, money order, or credit card payment, to the Secretary-Treasurer of the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. I further understand the fee will be retained by the Board should my application be rejected.

I understand that any license issued to me will be valid for only one year, and it is my responsibility to renew annually before June 30<sup>th</sup>. **Denial of the initial application is subject to reporting to the HealthCare Integrity and Protection Data Bank (HIPDB).**

Check One:  New License  Reinstatement \_\_\_\_\_

**In accordance with state law, individuals may not begin work until a completed application and application fee has been received by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. According to Rule 109.J. only initial applicants will receive a grace period.**

## GENERAL INFORMATION

(PRINT or TYPE)

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
(print name as you wish it to appear on your license)

2. Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City and State \_\_\_\_\_ ZIP \_\_\_\_\_

Parish \_\_\_\_\_ Email Address \_\_\_\_\_

3. Are you employed?  Yes  No If yes, beg. date of employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City and State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Driver's License Number: \_\_\_\_\_

5. Legal Resident of Louisiana:  Yes  No

6. Is English your primary language?  Yes  No

If no, are you proficient in English?  Yes  No

7. Years Employed as a Speech-Language Pathologist and/or Audiologist \_\_\_\_\_

8. Date of Birth

9. Social Security Number (required by LRS 37:23)

Month	Day	Year
		19

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**THIS APPLICATION MUST BE NOTARIZED**

10. Have you ever possessed a professional license or certificate issued by another organization or state(s)? If yes, please submit a Verification of License for each organization or state.  
List State(s): \_\_\_\_\_  YES  NO
11. Has any state ever rejected your application for licensure? If yes, attach notarized explanation.  YES  NO
12. Has any state imposed any form of disciplinary action (i.e. revocation, suspension, reprimand, fine, etc.) on you or your professional licensure? If yes, attach notarized explanation.  YES  NO
13. Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure?  YES  NO
14. Have you ever been charged or convicted of any crime or unprofessional conduct? If yes, attach notarized explanation.  YES  NO
15. To an extent that it impairs your functioning as a speech-language pathologist or audiologist, have you ever used or are you currently using drugs, chemical substances (including controlled substances obtained either with or without a valid prescription), or intoxicating liquors? If yes, attach notarized explanation.  YES  NO
16. Have you been a participant in an alcohol or drug treatment or rehabilitation program in which you were monitored or supervised relative to your use of drugs or alcohol? If yes, attach notarized explanation.  YES  NO
17. Have you ever been adjudged mentally incompetent? If yes, attach notarized explanation.  YES  NO

Act # 721 passed by the Louisiana Legislature in the 2003 Regular Session, mandates that State Licensing Boards ask the following questions. The information given is to remain confidential, and will be used to measure and track the supply of licensed professionals for statistical purposes by the Louisiana Department of Labor.

18. Employment in Speech-Language Pathology and Audiology:  
 I am employed or self-employed in Speech-Language Pathology and/or Audiology:  
 Part time (less than 36 hrs per week as defined by the Dept. of Labor).  
 Full time (36-40 hrs per week as defined by the Dept. of Labor).  
 I am NOT employed in the field of Speech-Language Pathology and/or Audiology.
19.  I am employed or self-employed in Louisiana.
20.  I am employed in the profession in Louisiana.  
 I am employed in the profession OUT of Louisiana.

**OPTIONAL:**

21.  I graduated with my degree in SLP/AUD in 2008.  
 22.  I moved to LA and obtained my license in 2008.  
 23. I am:  White  Black  Hispanic  Asian  Other

EDUCATION OR TRAINING				
University or College	City, State	Dates Attended	Degree & Date	Major

24. **Professional Experience** (Begin with most recent employment first.)

Dates of Employment (Mo., Day, Yr.)	Title of Position
From _____ To _____	_____ _____

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Supervisor Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment (Mo., Day, Yr.)	Title of Position
From _____ To _____	_____ _____

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment (Mo., Day, Yr.)	Title of Position
From _____ To _____	_____ _____

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NAME: \_\_\_\_\_  
SS#: \_\_\_\_\_

**TO BE USED BY APPLICANTS FOR SPEECH-LANGUAGE  
PATHOLOGY ASSISTANT LICENSE**

I request (Check the one that applies):

- Speech-Language Pathology Assistant License  
 Provisional Speech-Language Pathology Assistant License

I understand that, if I am issued a Speech-Language Pathology Assistant License or a Provisional Speech-Language Pathology Assistant License, I must practice under the DIRECT supervision of a Licensed Speech-Language Pathologist who holds a current license in the State of Louisiana.

I understand the requirements for a Speech-Language Pathology Assistant or a Provisional Speech-Language Pathology Assistant license are:

A. EDUCATIONAL REQUIREMENT

Assistant or Provisional Assistant License

Bachelor's degree with 39 coursework hours as specified by the Board. Official transcript to be sent directly from the institution to the Louisiana State Board of Examiners for Speech-Language Pathology and Audiology at the address indicated on this application, being evidence of the degree and/or scholastic credit required by law, before a license can be issued.

B. CLINICAL EXPERIENCE REQUIREMENT

Proof of having completed 225 clock hours of supervised clinical practicum experience, 100 of which must be obtained through a university or its cooperating programs in accordance with the rules established by LBESPA

\_\_\_\_\_ Speech-Language Pathology Assistant - Issued to individuals who have completed the 225 clinical practicum hour requirement.

\_\_\_\_\_ Provisional Speech-Language Pathology Assistant - Issued to individuals who have completed at least 100 of the required 225 clinical practicum hours and wish to obtain the remainder as part of on - the - job training. AN INDIVIDUAL SHALL FULFILL THE ON-THE-JOB TRAINING REQUIREMENT WITHIN THREE YEARS FROM THE DATE OF THE ORIGINAL ISSUANCE OF THE PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE. FOLLOWING THE COMPLETION OF THE ON-THE-JOB TRAINING REQUIREMENT, THE INDIVIDUAL MUST APPLY TO LBESPA FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE.