



10. Citizenship
- (a) Are you a United States Citizen?  YES  NO
- (b) If NO, attach notarized statement with supporting documentation and check applicable status described below:
- A qualified alien (as defined in 8 U.S.C.A. § 1641).
- A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. §1101 et seq.)
- An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.
11. Military (Act 276 of the 2012 Regular Session and House Concurrent Resolution 74 of the 2015 Regular Session of the Louisiana Legislature)
- (a) Are you currently an active member of the military?  YES  NO
- (b) Are you the spouse of an active military member?  YES  NO
12. Have you ever possessed a professional license or certificate issued by a state licensing authority? If yes, please submit a Verification of License for each entity.  YES  NO
- List State(s): \_\_\_\_\_
13. Has any state licensing authority ever denied your application for licensure or renewal? If yes, attach notarized explanation.  YES  NO
14. Have you ever been the subject of disciplinary action (e.g. revocation, suspension, reprimand, fine, etc.) by a state licensing authority? If yes, attach notarized explanation.  YES  NO
15. Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure? If yes, attach notarized explanation.  YES  NO
16. Have you ever voluntarily surrendered your professional license in any state? If yes, attach notarized explanation.  YES  NO
17. Have you ever been charged or convicted of any crime? If yes, attach notarized explanation.  YES  NO
18. To an extent that it impairs your functioning as a speech-language pathology assistant, 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
19. Have you been treated for a drug or alcohol addiction or been a participant in an alcohol or drug treatment or rehabilitation program in which you were monitored or supervised? If yes, attach notarized explanation.  YES  NO
20. To an extent that it impairs your functioning as a speech-language pathology assistant, have you ever been diagnosed with a mental or emotional disease or condition? If yes, attach notarized explanation.  YES  NO
21. Have you ever been adjudged mentally incompetent? If yes, attach notarized explanation.  YES  NO

### EDUCATION OR TRAINING

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

22. **Professional Employment** (Begin with most recent professional employment first.)

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

Name of Employer \_\_\_\_\_

Physical Address of Work Location \_\_\_\_\_

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 \_\_\_\_\_

Physical Address of Work Location \_\_\_\_\_

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 \_\_\_\_\_

Physical Address of Work Location \_\_\_\_\_

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

Name of Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_

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

Description of Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# AFFIDAVIT

NOTE: Any false or misleading information in, or in connection with, any application may be grounds for disciplinary action on the grounds of lack of good moral character.

State of \_\_\_\_\_

Parish/City of \_\_\_\_\_

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

Check:

I understand that an application that is not completed within one year from date of application, will be considered abandoned and is subject to reporting to the National Practitioner Data Bank. Individuals who wish to have their application withdrawn, must notify the Board in writing within one year of the Board's receipt of the application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me this Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public ID#

Payments may be made via money order, cashier's check, or credit card. If you wish to pay via credit card, please complete the following information. A \$3.00 processing fee will be added to all credit card purchases.

Card Type:    Visa        MasterCard        Discover

Name on Card: \_\_\_\_\_

Address, if different: \_\_\_\_\_

Card Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: 

--	--	--	--	--	--

3-digit Security Code on Back: 

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NAME: \_\_\_\_\_

**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

Speech-Language Pathology Assistant Licensee or a Provisional Speech-Language Pathology Assistant Licensee must practice under the DIRECT supervision of a 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

Bachelor's degree in Speech-Language Pathology or a Bachelor's degree with 41 core coursework hours as specified by the Board. Official transcript to be sent directly from the institution to the Board via e-script or mailed to the address indicated on this application, being evidence of the degree and/or academic 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, the first 100 of which must have been obtained through a university or its cooperating programs, in accordance with the rules established by the Board.

\_\_\_\_\_ 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 through on-the-job training and/or through a university or its cooperating programs. **An individual shall fulfill the clinical practicum requirement within three years from date of original issuance of the Provisional Speech-Language Pathology Assistant license.** Upon completion of the 225 practicum hour requirement, the individual must apply to the Board for a Speech-Language Pathology Assistant license.