

LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Towne Park Centre • 37283 Swamp Road, Suite 3B Prairieville, Louisiana 70769 Office: (225) 313-6358 • Toll Free: (800) 246-6050 Website: www.lbespa.org • Email: aud-slp@lbespa.org



APPLICATION FOR LICENSE – SLP ASSISTANT

I hereby apply for a license to assist with the practice of Speech-Language Pathology 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 as amended by Act 478 of the 2016 Regular Session of the Louisiana Legislature as amended by Act 478 of the 2016 Regular Session of the Louisiana Legislature as amended by Act 478 of the 2016 Regular Session of the Louisiana Legislature as amended by Act 478 of the 2016 Regular Session of the Louisiana Legislature. I hereby submit the \$125.00 application fee in the form of a check, money order, or credit card payment, to "LBESPA". I understand that 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 up to one year, and it is my responsibility to renew annually before June 30th. Initial and reinstatement applications are subject to query through the National Practitioner Data Bank. Denial or abandonment of the initial application is considered abandoned after one year.

All candidates for licensure must update and supplement the information and responses on this application if they change. Failure to do so may result in denial or other appropriate action. Your application is considered incomplete until all supporting documents and fees have been received by the Board office. Applications submitted via fax are unacceptable.

Check One:
New License
Reinstatement #

In accordance with state law, individuals may not begin work until a completed application and application fee have been received by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. According to Rule 109. <u>only initial applicants will receive a grace period</u>. In addition, under certain conditions, military personnel and spouses may also be entitled to a grace period.

(ALL FIELDS REQUIRED)					
1. Name					
		(print name as you wish it to appear on your license)			
2.	Home Address	Phone ()			
	City and State	ZIP			
	Parish	Email Address			
3.	3. Driver's License Number:				
4. Are you employed in Louisiana in the field of Speech-Language Pathology? \Box Yes \Box No					
	If yes, beginning date of	employment			
	□Part Time (<30 hour	s/week)			
	Employer				
	Employer's Address				
	City and State	ZIP			
	Phone ()				
 5. Name, address, and email address can be requested by third parties to advertise continuing education opportunities. I allow only the following to be shared. If left unchecked, all data will be shared. □ Name & Address □ Email Address □ Opt out of data sharing 					
6.	6. Is English your primary language? □ Yes □ No If no, are you proficient in English? □ Yes □ No				
7. Years employed in the field of Speech-Language Pathology					
8.	Date of Birth	9. Social Security Number (required by LRS 37:23)			
	Month Day Year				

10.	 Citizenship (a) Are you a United States Citizen? (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) 	□ YES	□ NO
	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? (b) Are you the spouse of an active military member? 	□ YES □ YES	□ NO □ 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. List State(s):	□ YES	□ NO
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.		

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	Title of Position
(Mo., Day, Yr.) From	
To	
Name of Employer	
Physical Address of Work Location	
City and State	
Supervisor Address	
City and State	
Description of work:	
Date of Employment (Mo., Day, Yr.) From To	Title of Position
Name of Employer	
Physical Address of Work Location	
Name of Immediate Supervisor	
Address	
Description of Work	
Date of Employment (Mo., Day, Yr.) From To	Title of Position
	·
Physical Address of Work Location	
City and State	

<u>AFFIDAVIT</u>

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	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	
Name on Card	d:		
Address, if differ	ent:		
Card Number:			
Expiration Dat	e:		3-digit Security Code on Back:
		VISA	lasterCard DISCOVER

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 <u>DIRECT</u> 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.