

10. Citizenship
- (a) Are you a United States Citizen? YES NO
- (b) If NO to question 10(a) above, attach notarized statement with supporting documentation.
Please check one of the following:
- 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 another organization or 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 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
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 pathologist or audiologist, 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 prior to the one year anniversary date of 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:

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Expiration Date:

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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

Assistant or Provisional Assistant License

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, 100 of which must be 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 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 THE BOARD FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE.