

**APPLICATION FOR LICENSURE TO PRACTICE SPEECH-LANGUAGE
PATHOLOGY**

SOUTH DAKOTA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY
810 North Main #298
Spearfish, SD 57783
(605) 642-1600

For Board Use Only

Date Application Received: _____ Application Fee \$ _____ CK# _____

Date Permanent License Issued: _____ Permanent License Number _____

Child Support Data Bank Checked: _____

Please type or print legibly in black or blue ink. Please note this application must be notarized.

Applicant's Name: _____
(Last) (First) (Middle) (Maiden)

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Home Telephone: (_____) _____

Date of Birth: _____ Social Security Number: _____
(mm/dd/yyyy)

Race (please circle one): White Black or African American American Indian or Alaskan Native
Asian Native Hawaiian or Other Pacific Islander Not Listed or Prefer Not to Answer
Not Applicable

Gender (please circle one): Male Female Prefer Not to Answer Not Applicable

Ethnicity (please circle one): Hispanic Non-Hispanic Prefer Not to Answer Not Applicable

Email Address (Optional): _____

Please list any other names used which records could be filed concerning your application, including your education/training experience: _____

Employer Name: _____

Employer Telephone Number: (_____) _____

Employer Address: _____
(Street and PO Box) (City) (State) (Zip)

Employer Business Type (please circle one): Individual Partnership Corporation Association
LLC LLP Unknown Other

I am employed: Full-Time Part-Time

Please select type of License requested:

_____Speech-Language Pathology (\$100.00 application fee & \$150.00 licensure fee = \$250.00)

_____Provisional Speech-Language Pathology (\$100.00 application fee & \$150.00 licensure fee = \$250.00)

_____Limited Speech-Language Pathology (\$100.00 application fee & \$150.00 licensure fee = \$250.00)

_____Speech-Language Pathology Assistant (\$100.00 application fee & \$100.00 licensure fee = \$200.00)

1. Are you licensed or have you ever been licensed to practice Speech-Language Pathology in another state? Yes No If yes, please list the state(s) _____.

*Please contact the board office(s) in the state(s) listed by mailing them the **Verification of License in Other State** form and request they fill the form out regarding your past or current license. They will need to forward the verification direct from their office to the South Dakota Board of Speech-Language Pathology at the address listed on the front page of this application.

2. Is your spouse an active duty member of the armed forces? Yes No
If yes, was your spouse subject to military transfer to South Dakota? Yes No
If yes, did you leave employment to accompany your spouse to South Dakota? Yes No

Education

Do you have ASHA certification? Yes No If yes, please request through ASHA they send the Board office proof of your certification. Proof of ASHA certification must contain your name, ASHA account number, the date certification was issued, and the expiration date.

If no, please supply verification of your one year supervised practicum on the **Verification of Completed Supervised Practicum** form or, if you are in the ASHA certification process, list clinical practicum site and name of Supervisor.

(Site)

(Supervisor's Name)

Per 36-17-18 if you are applying for a Speech-Language Pathology Assistant license you must provide the Board of Examiners for Speech-Language Pathology proof of completing a minimum of 100 clock hours of supervised clinical practicum. The proof must be supplied to the Board office within 90 days of licensure and must be submitted on a form supplied by the Board office.

If applying for a Provisional Speech-Language Pathologist license you must include (on a separate sheet of paper) with your application a plan for the content of the postgraduate professional experience. You may wish to review the ASHA website, www.asha.org for information on developing your plan.

Please list all colleges attended below. Please have official undergraduate and/or graduate college transcripts sent directly to the Board of Examiners for Speech-Language Pathology by the registrar of the college/university (address is on the front page of this form). Although you need to list all colleges attended below please only send in official transcripts for the highest degree obtained.

Name and Location of Accredited College

Dates of Attendance
From /To
(mm/yy)

Degree and
Date Granted
(mm/dd/yyyy)

EMPLOYMENT RECORD FOR LAST 5 YEARS (Continued on the next page)

Employer Name and Address	Dates of Employment (From/To)	Your Position	Supervisor's Name

MISCELLANEOUS (Please mark Yes or No to each question)	Yes	No
1. Have you ever been convicted of a crime other than a misdemeanor traffic offense? If yes, on a separate sheet please provide complete details.		
2. Has any State Board of Examiners or any professional organization determined that you committed unprofessional conduct? If yes, on a separate sheet please provide complete details.		
3. To your knowledge, has a complaint ever been filed against you, or a company owned by you, with the ASHA Board of Ethics or any other state licensure board? If yes, on a separate sheet provide complete details including copies of the court's judgment and any written decisions in the case.		
4. Has any state rejected your application or revoked your professional license or certificate? If yes, on a separate sheet provide complete details.		
5. SDCL 25-A-56 prohibits the issuance of a license of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support?		

PLEASE READ CAREFULLY BEFORE YOU SIGN:

By applying for licensure to the South Dakota Board of Speech-Language Pathology, I certify that:

*I have read the South Dakota Speech-Language Pathology licensing Law and the Rules of the Board. I agree to abide by the State Law and all current and subsequent Rules of the Board.

*I declare and confirm that all information provided in this application has been examined by me and to the best of my knowledge and belief, is in all things true and correct. I understand that giving false information of any kind will result in denial of licensure.

*I authorize the Board representatives to consult with others regarding the inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status and of my professional and ethical qualifications.

*I agree to hold the South Dakota Board of Speech-Pathology Examiners, its members, officers, agents, and examiners free from any liability in connection with this application. I acknowledge acts are performed in good faith and without malice in connection with the evaluation of me and my credentials.

*I release from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the South Dakota Board of Examiners for Speech-Language Pathology in good faith, and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.

* Per Administrative Rule 20:79:01:13, I understand that the name, license number, and mailing address of all holders of a South Dakota-issued professional license will be provided in response to information requests for licensee lists from organizations and individuals.

Applicant's Signature

Date (mm/dd/yyyy)

Please print name as you would like it to appear on license

AFFIDAVIT

State of _____

County of _____

The applicant _____, being duly sworn, declares all statements made in this application are true and correct to the best of his or her knowledge. Furthermore the applicant consents to a thorough investigation of present and past employment and other activities for the purpose of verifying qualifications for the license for which the application is made.

Subscribed and sworn before me this _____ day of _____, _____

My commission expires _____

Signature of Notary Public

The Board of Examiners for Speech-Language Pathology does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

Guideline/Checklist before returning application:

Every licensee is required to comply with the laws of the State of South Dakota and the Rules and Regulations adopted by the board. A copy of the Laws and Rules and Regulations can be found online at: speechpath.sd.gov.

1. Application for licensure must be signed and notarized.
2. Applications for licensure must be accompanied by payment of fees (do not mail fees separately). Make checks payable to the "State of South Dakota Board of Speech-Language Pathology." All fees are non-refundable. No applications will be processed without submission of all fees. A personal check or money order is the only acceptable method of payment.
3. Failure to provide all the information on the application form will result in delay of processing your application.
4. All documents submitted in support of the application must contain an original signature and be submitted directly to the board from the respondent, not forwarded through the applicant.
5. Only the applicants who have held a Speech-Language Pathology license or Speech-Language Pathology Assistant license in another state must complete the **Verification of License in Other State** form.
6. Return completed application to board office.