

**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)

Email Address: _____

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

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

Employer Name: _____

Employer Telephone Number: (_____) _____

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

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)

_____ 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)

_____.

2. Are you or have you ever been licensed to practice Speech-Language Pathology (any level) in **South Dakota?**

Yes ☐ No ☐ If yes, please list license numbers and date(s)

_____.

*Please contact the board office(s) in the state(s) and request they submit a license verification on your past or current license. They will need to mail or email 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 or it may come by email to office@sdlicensing.com.

3. 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 ASHA send the Board office a verification of your CCC-SLP (if applying for SLP) or C-SLPA (if applying for SLPA) this must contain your name, ASHA account number, the date certification was issued and the expiration date. This must come directly from ASHA to the board office.

SLP Applicants- if you are applying for a Speech-Language Pathology license and are **not** ASHA certified, you must supply proof of your supervised postgraduate professional experience by completing the Verification of Completed Supervised Postgraduate Professional Experience form. Please review the checklist on the website for additional information that needs to be submitted with this application.

SLPA Applicants- if you are applying for a Speech-Language Pathology Assistant license, and do **not** hold an ASHA certification in speech-language pathology assisting, you must provide proof of completing a minimum of 100 clock hours of supervised clinical experience as a speech-language pathology assistant either on the job or during academic preparation. If proof of meeting this requirement cannot be clearly identified on your official transcripts (if completed during academic preparation), you must complete the Verification of Completed Supervised Practicum (SLPA's) form. Please review the checklist on the website for additional information that needs to be submitted with this application.

Provisional SLP Applicants- if you are applying for a Provisional Speech-Language Pathologist license, you must provide a plan for the content of the postgraduate professional experience. This should include the location, dates, who your supervisor is and their South Dakota license number. You may provide this on a separate piece of paper. You may wish to review the ASHA website, www.asha.org for information on developing your plan. Please review the checklist on the website for additional information that needs to be submitted with this application.

Please list all colleges attended below. Please have official 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 official transcripts for the degree which is needed for licensure.

Name and Location of Accredited College	Dates of Attendance From /To (mm/yy)	Degree and Date Granted (mm/dd/yyyy)
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EMPLOYMENT RECORD FOR LAST 5 YEARS

Employer Name and Address	Dates of Employment (From/To)	Your Position	Supervisor's Name
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MISCELLANEOUS (Please mark Yes or No to each question)	Yes	No
1. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?		
2. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *It is the applicant's responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor*		
3. 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.		
4. 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.		
5. Has any state rejected your application or revoked your professional license or certificate? If yes, on a separate sheet provide complete details.		
6. 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?		

If you answered YES to questions 1 or 2 on the previous page, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

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.

Applicant's Signature

Date (mm/dd/yyyy)

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

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.

NOTORIZATION

The applicant _____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executive 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.

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

My commission expires _____

Signature of Notary Public

(Seal)