Budget: ZZ117
Fund: 158

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mail Code: MC1982 • PO Box 149347 • Austin, Texas 78714-9347
Phone: (512) 834-6627 • Fax: (512) 834-6677
E-mail: speech@dshs.state.tx.us
www.dshs.state.tx.us/speech

SPEECH-LANGUAGE PATHOLOGY LICENSE BY ASHA WAVIER APPLICATION FORM

Step 1: All new applicants will be required to submit fingerprints to the Texas Department of Public Safety (DPS). Go to http://www.dshs.state.tx.us/speech/ and select the DPS/FBI Fingerprinting tab. Please follow the instructions on the form.
In state applicants: Once you have completed the fingerprint process; please attach a COPY of your FAST fingerprint form/receipt.
Out of state applicants will not have a receipt. You do not submit proof of fingerprints if you choose the out of state process.

Step 2: Please print and complete the application form completely or you can apply online at http://www.dshs.state.tx.us/speech/

Step 3: Please submit the completed application and fee of $163.00 with the required documentation listed below.

Step 4: Please complete the Texas Jurisprudence Exam; link is http://www.dshs.state.tx.us/speech/ attach a copy of the certificate. This is a no fail exam over the board's rules and law.

Step 5: Submit your original transcript(s) showing a graduate degree has been conferred and required speech-language pathology course work. The transcript cannot be faxed. Electronic university transcript(s) will be accepted if emailed to speech@dshs.state.tx.us from the university's secure site. We do not accept electronic transcripts from the applicant.

Step 6: Submit a letter (dated within 60 days of application) from American-Speech-Language-Hearing Association (ASHA) confirming your Certificate of Clinical Competence (CCC) is current and in good standing. We do not accept receipts for payments of your ASHA dues. ASHA link: ASHA link: http://www.asha.org/certification/cert-verify/

The processing time frame for licensure starts once the application has been received in the speech/audiology office. Please allow 2 to 4 weeks for processing.

Applicant's Full Legal Name: (First, Middle, Last):

Name(s) on Transcript(s) if different:

Date of Birth: Social Security Number:

Mailing Address:

City/State/Zip:

Home Phone Number:

E-mail Address:

1. CURRENT EMPLOYMENT INFORMATION – if you are employed at the time of application; if not please put NA.

Name of employer, agency or practice:

Mailing Address:

City/State/Zip:

Phone Number:

Fax Number::

E-mail Address:

2. Have you ever held any type of speech-language pathology or audiology license issued by Texas? □ Yes □ No (If answer is yes, give dates when held and reason license is no longer valid:)

3. Do you possess any other professional license(s) or certificate(s) issued by any state? □ Yes □ No If yes, give license or certificate number(s), title(s), and states issuing license(s) or certificates(s):

4. Have you been denied a professional license and/or certificate in Texas and/or other state or country, or have you ever had any license and/or certificate revoked, canceled, received probated suspension or suspended? □ Yes □ No If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license or certificate and the reason: (please attach documents)

5. Have you ever voluntarily surrendered any professional license or certificate? □ Yes □ No If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license certificate and the reasons:

6. Have you completed the fingerprint process for state licensure? □ Yes □ No If yes please attach a copy of the Fast Pass receipt.

7. Have you ever been convicted, plead guilty to, plead nolo contendere or received deferred adjudication to any misdemeanor or felony, other than a minor traffic violation? □ Yes □ No (Please note that Driving While Intoxicated is not a minor traffic violation.)

8. ACADEMIC TRAINING (List all colleges/universities attended and attach additional pages if necessary)

Name & Location of School	Inclusive Dates		Degree Granted (field of study)	Date Degree Granted (mm/dd/yy)
	From (mm/yy)	To (mm/yy)		

With my signature on this application for licensure with the State Board of Examiners for Speech-Language Pathology and Audiology, I certify that:

- I have read the Speech-Language Pathology and Audiology licensing Law and Rules of the Board. I agree to abide by the State Law and all current and subsequent Law and Rules of the Board.
- All information provided on this application is truthful. I understand that giving false information of any kind will result in denial of licensure.
- I understand that the fee submitted with this application is non-refundable.
- I agree to hold the State Board of Examiners for Speech-Language Pathology and Audiology, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, and/or failure of the Board to issue me a license.
- I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.
- I understand that the name, license number, and mailing address of all holders of a Texas-issued professional license are subject to the Texas Public Information Act. This information will be provided in response to information requests for licensee lists from organizations and individuals. This information will be provided on the Board's website.
- I understand that the disclosure of a social security number by an applicant is mandatory under the Rules of the Board, 22 TAC, §741.112 and Family Code, §231.302. Social security numbers will be used for identification purposes.
- I understand that I must submit fingerprints to the Texas Department of Public Safety (DPS).
- I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the Board.

_____ _____

Applicant's Signature Date

The processing time frame for licensure starts once the application has been received in the speech/audiology office. Please allow 2 to 4 weeks for processing.

To expedite the application process, submit application & fee with ALL supporting documents, use the U.S. Post Office Express Mail and mail to:

Texas Department of State Health Services
Speech-Language Pathology and Audiology Program
Mail Code: MC 2003
PO Box 149347
Austin, Texas 78714-9347

If you need to submit additional documentation after the application and fee have been submitted, please mail to:

Texas Department of State Health Services
Speech-Language Pathology and Audiology Program
Mail Code: MC1982
PO Box 149347
Austin, Texas 78714-9347

You can apply online at www.dshs.state.tx.us/speech/