

# STATE OF MAINE

## BOARD OF SPEECH, AUDIOLOGY AND HEARING

### APPLICATION FOR LICENSURE

- Temporary Speech-Language Pathologist
  - Temporary Audiologist



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED (888) 577-6690  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Speech, Audiology and Hearing is enclosed. It contains all the relevant materials you need to complete your application for licensure as a Temporary Speech-Language Pathologist or Temporary Audiologist in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### **FURNISHED TO APPLICANT:**

- Application Guide
- Individual License Application
- Temporary Licensee Supervision Form
- Verification of Licensure Form

### **ADDITIONAL RESOURCES:**

- Licensing Law for Speech Pathologists and Audiologists

**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html> or call (207) 624-8626

- Licensing Rules Specific to Speech Pathologists and Audiologists

**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: [http://www.maine.gov/pfr/professionallicensing/professions/speech\\_audiology\\_hearing\\_aid/laws.htm](http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid/laws.htm) or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>  
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION PROCEDURE**

- Please submit your application materials to the Department by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: [http://www.maine.gov/pfr/professionallicensing/license\\_search.htm](http://www.maine.gov/pfr/professionallicensing/license_search.htm). We appreciate your thoughtful attention to this request.
- A license must be approved and active before the applicant may commence practice.

## **DESCRIPTION OF TEMPORARY LICENSURE:**

A Temporary Speech-Language Pathologist or Temporary Audiologist is an individual who meets the board's educational and supervisory plan requirements and has been granted a license to practice under supervision. A temporary license is someone who "practices audiology or speech-language pathology while under supervision and training of an individual who holds a valid license in good standing in the appropriate specialty under this chapter."

## **Temporary Licensure, Speech-Language Pathology or Audiology**

### **Applications for Temporary Licensure Shall Include the Following:**

- A completed and signed Application;
- Official Transcript from the issuing University or College indicating a Master's degree or equivalent coursework;
- Evidence of having completed 400 clock hours of supervised clinical observation and clinical practicum. Please refer to Board Rules Chapter 3, Section 1(1)(A)(3) or Chapter 3, Section 2(1)(A)(2);
- Temporary Licensee Supervision Form;
- Verification of Licensure Form (if applicable);
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00.

**Note: All fees can be in one payment.**

### **Important Notice for Change of Status Applicants**

**The following documentation must be submitted when requesting a change of status from temporary to full licensure:**

- Completed and signed application for permanent licensure;
- A written request for Change of Status;
- Documentation of completion of Clinical Fellowship Year – copies of ASHA rating and reporting forms;
- Official evidence of a passing score on the examination administered by Praxis (passing score is 600) – if not previously submitted to this office;
- Payment of a Licensure fee of \$110.00.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: [www.maine.gov/professionallicensing/license\\_search.htm](http://www.maine.gov/professionallicensing/license_search.htm).
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE (    )	FAX (    )	E-MAIL	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
<b>1. Have you ever been convicted by any court of any crime? (circle one)</b>	<b>NO      YES</b>
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>	<b>NO      YES</b>
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
<b>SIGNATURE</b>	<b>DATE</b>

<b>Board of Speech, Audiology and Hearing</b>	
<b>Please Select License Type:</b>  <input type="checkbox"/> Temporary Speech-Language Pathologist (ST1421) <input type="checkbox"/> Temporary Audiologist (AT1421)	<b>Office Use Only:</b> 1421 - \$110.00 1446 - \$50.00 2619 - \$21.00
<b>Required Fee: \$181</b> <b>(includes Criminal History Records Check Fee)</b>	
Rev. 12/2011	
<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____	

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD                      the following amount: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>	<b>DATE</b>		

### Education

Name of School	Date of Graduation	Major	Degree Awarded

### Employment

Please provide information regarding your current employment and where you are seeking employment.

Current Employer:		Work Phone ( <i>include area code</i> ):
Mailing Address:		
City:	State:	Zip Code:

Prospective Employer:		Work Phone ( <i>include area code</i> ):
Mailing Address:		
City:	State:	Zip Code:

### Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country?  YES  NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

### Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation.  YES  NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation.  YES  NO

### Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Speech, Audiology and Hearing**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Director

### Supervision Form for Temporary Licensees

This form is required to be submitted by applicants for temporary licensure of speech-language pathology or audiology or for temporary licensees to report changes in supervisory relationships to the Board.

Applicant Data		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Supervisor's Education/School:		Degree Awarded:

Proposed Supervisor's Data		
Please select one: <input type="checkbox"/> New supervisor <input type="checkbox"/> Change of supervisor Name of previous supervisor: _____		
Name of Proposed Supervisor:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	First Issue Date:	
Employer:	Dates employed*:	
*If less than two (2) years please attach a resume demonstrating at least two (2) years of professional experience.		



**Supervision Form for Temporary Licensees**  
**Page 2 of 2**

**Supervisor's Responsibility Statement**

As the Supervisor:

Agree:

- 1) I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise a temporary licensee.
  
- 2) I understand that I may supervise a maximum of two (2) temporary licensees and that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible.
  
- 3) I will attach a supervisory plan detailing the following: 
  - Employment setting;
  - Hours worked per week  
(ASHA required 15-19 hours/week for 72 weeks; 20-24 hours/week for 60 weeks; 25-29 hours/week for 48 weeks; 30+ hours/week for 36 weeks);
  - Duration of the clinical fellowship;
  - Number of supervisory activities to be completed and the method of type of supervision and monitoring activities;
  - Method of evaluation (Clinical Fellowship Skills Inventory);
  - Intention to submit the completed Clinical Fellowship Report to the Board when change of status from temporary to permanent licensure is requested; and
  - Supervisor's signature
  
- 4) I understand that speech-language pathology or audiology practice by the applicant may not commence until the Board has reviewed and approved the temporary licensee's application for licensure or has reviewed and approved the change in supervision in writing.
  
- 5) I will immediately notify the temporary licensee and the Board of anything that affects my ability or right to supervise.
  
- 6) I know and understand the laws and rules pertaining to the supervision and practice of temporary licensees.
  
- 7) If I terminate supervision of this trainee I will inform the Board in writing within ten (10) days.

By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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Governor

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**Board of Speech, Audiology and Hearing**  
35 STATE HOUSE STATION  
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04333-0035

Anne L. Head  
Director

**VERIFICATION OF LICENSURE FORM**

The applicant listed below is applying for licensure in the State of Maine. The Maine Board of Speech, Audiology and Hearing requests written verification from each state that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

**The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.**

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**The remaining portion is to be completed by the licensing or certifying authority where the applicant holds or has held a license, certification or credential. Upon completion, the licensing or certifying authority should mail the verification directly to the Board at the above address.**

Name of Licensee:		Type of License:	
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired		
Date Issued:		Expiration Date:	

OFFICE PHONE: (207)624-8626



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FAX: (207)624-8637

(888) 577-6690 (TTY/HEARING IMPAIRED)  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE  
[www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

**VERIFICATION OF LICENSURE (PAGE 2)**

Exam taken: \_\_\_\_\_

Date exam passed:

If no examination was taken, how was licensure obtained?

Grandfathered       Endorsement/Comity from which state: \_\_\_\_\_

What were the requirements for education at the time the license was issued?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any pending complaints against this licensee?      [ ] Yes   [ ] No  
If yes, please explain:

Have there been any other actions taken against this licensee?      [ ] Yes   [ ] No  
If yes, please explain:

Is the licensee considered to be in good standing in your state?      [ ] Yes   [ ] No  
If no, please explain:

State Board Seal

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date: \_\_\_\_\_