



INITIAL LICENSE APPLICATION – TEMPORARY SPEECH-LANGUAGE PATHOLOGIST

ADHS REVIEW ONLY:

APPLICANT INFORMATION
[ALL FIELDS ON THIS PAGE ARE REQUIRED]

Form with fields for applicant information: license number, agreement to submit requests, full legal name, social security number, physical address, mailing address, telephone number, and e-mail address.

The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:

PRACTICE INFORMATION

Please provide the following information and documents: [Please print legibly.]	ADHS REVIEW ONLY
<p>APPLICANTS are required to provide information related to their place of practice in Arizona. Please provide the information below, for each location where you provide services. If you are not currently practicing, you are required to provide the information below within 30 calendar days after you begin practice. DUPLICATE THIS PAGE FOR MULTIPLE PRACTICE ADDRESSES OR EMPLOYERS</p>	
<p>The name that publicly identifies the practice location::</p>	
<p>The physical address of the practice location: [Arizona Practice Location]:</p>	
<p>The applicant's contact phone number at this practice location:</p>	
<p>If applicable, the business dispenser license number for this Arizona practice location: BHAD</p>	

EMPLOYER INFORMATION

<p>The name of the applicant's employer:</p>	
<p>The applicant's employer's business address:</p>	
<p>The applicant's employer's business telephone number:</p>	
<p>Supplemental Request: Contact e-mail of the applicant's employer:</p>	

The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:

MORAL CHARACTER AND PROFESSIONAL INFORMATION

Please provide the following information and documents: [Please print legibly.]	ADHS REVIEW ONLY
<p>Have you ever been convicted of a felony or a misdemeanor in this state or another state or jurisdiction?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, for each conviction please provide (attach additional pages if multiple convictions):</p> <p>i. The date of the conviction, _____</p> <p>ii. The state or jurisdiction of the conviction, _____</p> <p>iii. An explanation of the crime of which the applicant was convicted, _____ and, _____</p> <p>iv. The disposition of the case: _____ (provide a copy of the court record).</p>	
<p>Within the last two years, has a license issued to you been suspended or revoked?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide documentation that includes:</p> <p>a. The date of the revocation or suspension,</p> <p>b. The state or jurisdiction of the revocation or suspension, and</p> <p>c. An explanation of the revocation or suspension.</p>	
<p>Are you currently ineligible for licensing in any state because of a license revocation or suspension?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide documentation that includes:</p> <p>a. The date of the ineligibility for licensing,</p> <p>b. The state or jurisdiction of the ineligibility for licensing, and</p> <p>c. An explanation of the ineligibility for licensing.</p>	
<p>Has a disciplinary action been imposed on you by any state, territory, or district in this country for an act related to the practice of speech-language pathology, audiology, or hearing aid dispensing?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide documentation that includes:</p> <p>a. The date of the disciplinary action;</p> <p>b. The state or jurisdiction of the disciplinary action;</p> <p>c. An explanation of the disciplinary action; and</p> <p>d. Any other applicable documents, including a legal order or settlement agreement.</p>	
<p>Have you ever been licensed in speech-language pathology, audiology, or hearing aid fitting and dispensing in any state or country?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please list the State or Country; license number; and the effective and expiration dates of all applicable licenses, current or expired.</p>	

The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:

REQUIRED DOCUMENTATION and INFORMATION SPECIFIC TO A LICENSE TEMPORARY SPEECH-LANGUAGE PATHOLOGIST		ADHS REVIEW ONLY
<p>All of the following items must be submitted before your application can be processed. For the most expedient processing of your application, please ensure all required documents are included with your application before submitting it.</p>		
REQUIREMENT	INCLUDE THE FOLLOWING DOCUMENTATION	
EDUCATION	<p style="text-align: center;">ORIGINAL OFFICIAL TRANSCRIPT</p> <p>A copy of the applicant's official transcript issued to the applicant by an accredited college or university showing conferral of a master's degree in speech-language pathology or the equivalent from a nationally or regionally accredited college or university in a program consistent with the standards of Arizona's universities. Have the original paper transcript sent to you, leave it sealed in the envelope, and include it with your application. Recent graduates should ensure the transcript indicates the master's degree has been awarded or conferred before ordering. The Department will NOT accept alternative documents for this requirement (e.g. department chair letters, clearinghouse transcripts, or ASHA).</p>	
ACCREDITED CLINICAL PRACTICUM	<p style="text-align: center;">ORIGINAL OFFICIAL TRANSCRIPT OR CLINICAL PRACTICUM SUMMARY</p> <p>If your transcript will not reflect the completion of supervised clinical practicum, you will need to provide a photocopy of original documents showing your completion of a supervised clinical practicum in the field of speech-language pathology from a nationally or regionally accredited college or university in a program consistent with the standards of Arizona's universities.</p> <p>These documents typically are the clinical practicum clock hour log summaries that were signed by your practicum supervisors. The 1 or 2 page summaries are sufficient, but if you only have the raw logs, photocopy and send those.</p>	
NATIONAL EXAM	<p style="text-align: center;">ETS NESLP - PRAXIS</p> <p>A photocopy or original copy of the applicant's passing score report on the Educational Testing Service National Examination in Speech-Language Pathology (Praxis). A passing score on the current 100-200 scale is 162.</p>	
	<p style="text-align: center;">HELPFUL TIPS FOR FUTURE SLP LICENSURE:</p> <p style="text-align: center;">POSTGRADUATE PROFESSIONAL EXPERIENCE (PGPE)</p> <p>Applicants are advised to create duplicate originals (with original signatures et.al.) of PGPE documents and retain one in the event that evidence of completion of the supervised postgraduate professional experience is needed in the future.</p> <p style="text-align: center;">FROM TEMPORARY TO REGULAR SLP AFTER COMPLETING PGPE/CF</p> <p>After you complete your PGPE/CF, you do not have to wait for your ASHA certification in order to apply for the regular SLP license in Arizona. Please look on our website for the 'Initial SLP After PGPE/CF Only' application. This is a special abbreviated application for the regular license that may be submitted up to one year after the expiration of your TSLP license.</p>	

The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:

<p align="center">REQUIRED DOCUMENTATION and INFORMATION SPECIFIC TO A LICENSE TEMPORARY SPEECH-LANGUAGE PATHOLOGIST POSTGRADUATE PROFESSIONAL EXPERIENCE [PGPE / CF] AGREEMENT</p>	<p align="center">ADHS REVIEW ONLY</p>
<p>*COMPLETE THIS AGREEMENT FOR EACH DIFFERING CLINICAL SITE ADDRESS AND SUPERVISOR.* Applicants are advised to create duplicate originals of PGPE documents and retain one in the event that evidence of completion of the supervised postgraduate professional experience is needed in the future.</p>	
<p>The applicant's home address, and telephone number, and Arizona temporary speech-language pathology license number (if known):</p> <p>AZ License # TSLP</p>	
<p>The clinical fellowship supervisor's name, business address, telephone number, and Arizona speech-language pathology license number:</p> <p>AZ License # SLP</p>	
<p>The name, address, and telephone number where the clinical fellowship will take place;</p>	
<p>Anticipated start and end dates of the clinical fellowship;</p>	
<p>Arizona Administrative Code R9-16-210. Clinical Fellowship Supervisors In addition to complying with the requirements in A.R.S. § 36- 1905, a clinical fellowship supervisor shall:</p> <ol style="list-style-type: none"> 1. Complete a minimum of 36 supervisory activities throughout an individual's clinical fellowship that include: <ol style="list-style-type: none"> a. A minimum of 18 on-site observations, b. No more than six on-site observations in a 24-hour period, and c. A minimum of 18 monitoring activities; 2. Submit a copy of the clinical fellowship report to the Department within 30 calendar days after the completion of the clinical fellowship; and 3. Provide the Department and the clinical fellow with written notice within 72 hours after the decision to stop supervising the clinical fellow if the clinical fellowship supervisor voluntarily stops supervising a clinical fellow before the completion of the clinical fellowship. 	
<p>_____ Signature of Applicant</p> <p>_____ Date</p>	<p align="center">AS THE CLINICAL FELLOWSHIP SUPERVISOR OF THIS APPLICANT, I AGREE TO COMPLY WITH ARIZONA ADMINISTRATIVE CODE R9-16-210.</p> <p>_____ Signature of Supervisor</p> <p>_____ Date</p>

The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:

NON-REFUNDABLE APPLICATION FEE

Please provide the following information and documents: [Please print legibly.]	ADHS REVIEW ONLY
A *non-refundable* application fee of \$100	

INITIAL LICENSE FEE

Please provide the following information and documents: [Please print legibly.]	ADHS REVIEW ONLY
<p>An initial license fee of \$100</p> <p>OR you may complete the attestation below to request an initial license fee waiver, per A.R.S. §41-1080.01.</p> <p>I, _____, attest that</p> <ul style="list-style-type: none"> ✓ I am applying for this specific license for the first time in Arizona. ✓ My family income does not exceed 200% of the federal poverty guidelines. <p>_____</p> <p>Applicant's Signature Date</p> <p>NOTE: This waiver ONLY applies to the Initial License Fee. The applicant must still submit payment for the Non-Refundable Application Fee.</p>	

PAYMENT INFORMATION

Please provide the following information and documents: [Please print legibly.]	ADHS REVIEW ONLY
<p>Please make checks payable to: <i>Arizona Department of Health Services,</i> In the memo line, please PRINT your Last Name and "BSL APP FEE".</p> <p>PLEASE WRITE YOUR CHECK NUMBER(S) HERE →</p>	

The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:

LAWFUL PRESENCE

Please provide the following information and documents: [Please print legibly.]	ADHS REVIEW ONLY
<p>Supplemental request: Please list all previous full legal names and aliases, such as names that might be reflected on school diplomas or transcripts.</p>	
<p align="center">Complete the "ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFIT" form on pages 9 and 10.</p>	
<p>PROOF: Include a clear, legible photocopy of your documents that verify lawful status to your current legal name as used on this application, such as;</p> <ul style="list-style-type: none"> • U.S. passport, current or expired; • Birth certificate; • Naturalization documents; or • Documentation of legal resident alien status 	
<p>NAME LINK: If the name on your citizenship evidence (e.g. birth certificate, U.S. Passport) differs from your current legal name, we need legal proof linking that name to your current legal name.</p> <p>Acceptable types of proof documentation to illustratively link all previous to current names include:</p> <ul style="list-style-type: none"> • a photocopy of your marriage certificate or certified abstract of marriage which illustrates the name link. Please note that only the certificate that the marriage occurred and is recorded with the county recorder is acceptable and not the license, as the license only means that you can lawfully marry within the timeframe issued; or, • order or decree of divorce, dissolution or termination <u>which illustrates name changes</u>; or, • court order for a legal name change, signed by a judge or court clerk. <p><i>**Driver's license or Social Security card are *not* acceptable as evidence for lawful presence status name-linking.**</i></p>	

The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:

Attestation

Please provide the following information and documents: [Please print legibly.]	ADHS REVIEW ONLY
<p>I, _____, attest that all information submitted as part of this application is true and accurate:</p> <p>_____</p> <p>Applicant's Signature Date</p>	

FINAL PROOFING AND SUBMITTAL

Before submitting your application, **double check** that all application pages, documents, attachments, and fees are included. **Save a complete personal copy** of your application and any attachments, as items submitted may not be returned. Mail your completed application and all required documentation to:

**Arizona Department of Health Services
Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007**

NOTICES

- Pursuant to A.R.S. § 41-1030(B)(D)(E)(F)
 - B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
 - D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
 - E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
 - F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.
- Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFIT
Bureau of Special Licensing**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes (A.R.S.) § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions:

1. All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
2. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license.
 - a. If the document you submit does not contain a photograph, **you must also provide a government issued document that contains your photograph.**
 - b. You must submit supporting legal documentation (i.e. marriage certificate) **if the name on your evidence is not the same as your current legal name.**

SECTION I — APPLICANT INFORMATION		
Legal First Name	Legal Middle Name	Legal Last Name
Type of Application:	Initial Application	Renewal Application
Type of License/Certification:	Medical Radiologic Technologist	Laser Technician
	Speech Language Pathology	Audiology
	Midwifery	Hearing Aid Dispensing
SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION		
Are you a citizen or national of the United States?	Yes	No
If you answered 'Yes' to the previous question, indicate place of birth:		
City: _____	State (or equivalent): _____	Country or Territory: _____
If you answered 'Yes,'		
1. Attach a legible copy of a document from the attached list.		
Name of Document: _____		
2. Skip Section III and go to Section IV.		
If you answered 'No,' complete sections III and IV.		

SECTION III — ALIEN STATUS DECLARATION

To be completed by applicants who are **not citizens or nationals of the United States.**

1. Please indicate alien status by checking the appropriate box below.
2. Attach a legible copy of a document from the attached list.

Name of Document: _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).
- 10. Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))
- 11. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 12. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 13. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 14. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV — DECLARATION

ALL applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Signature of Applicant

Date

ACCEPTABLE EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

Per A.R.S. § 41-1080, you must submit one of the documents in the list below to verify authorized presence in the United States.

Please note:

1. If the name on the document submitted is NOT your current legal name, you MUST provide a legal name linkage document (i.e. marriage certificate, court order, etc.)
2. If the document submitted does NOT contain your photograph, you MUST provide another government issued document that contains a photograph.

Acceptable Documents:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States (Illinois, New Mexico, Utah, and Washington (except for 'Enhanced' credentials) do not verify lawful presence in U.S.)
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.