

**STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**  
**P O BOX 2649**  
**HARRISBURG, PA 17105**  
**717-783-1389**

[www.dos.pa.gov/speech](http://www.dos.pa.gov/speech)

[st-speech@pa.gov](mailto:st-speech@pa.gov)

**Application instructions for Licensure in Audiology based on a minimum of a Master's degree in Audiology or for licensure in Speech Language Pathology based on a minimum of a Bachelor's Degree with a major in Speech-Language Pathology. Audiologists and Speech-Language Pathology shall be currently employed and have been employed for at least nine (9) consecutive months during February 19, 1982 and February 19, 1985.**

1. Complete pages 1 and 2. An original signature is required; a faxed copy will not be accepted.
2. Attach \$20.00 application fee payable to Commonwealth of PA.
3. Complete top section of page 3. Send to employer. Verification of Employment for at least nine (9) consecutive months during February 19, 1982 and February 19, 1985. Form must be received directly from Employer in an official sealed envelope.
4. Complete top section of page 4. Send to current employer. Verification of Current Employment. Form must be received directly from Employer in an official sealed envelope.
5. Request the school to submit an official transcript conferring at least a bachelor's degree with a major in Speech-Language Pathology directly to the Board in an official school sealed envelope. Earned a bachelor's degree in speech-language pathology, **as of February 19, 1985, with a major in speech-language pathology from an accredited college or university.**
6. Request the school to submit an official transcript conferring at least a master's degree Audiology directly to the Board in an official school sealed envelope. Earned a master's degree in Audiology, **as of February 19, 1985, from an accredited college or university.**
7. Attach a Curriculum Vitae listing all periods of employment or any other activities (i.e. child rearing, etc.) from graduation to the date of the application. The list must be in chronological order and include dates of employment/activities and must provide a list of duties.
8. Request letter(s) of good standing to be forwarded directly in an official sealed envelope, to the Board from any other state in which you have ever held a license to practice.
9. If a different name is used on documentation submitted to the Board, a copy of a legal name change document (marriage certification, court order, divorce decree) showing change of name is required.
10. Provide a list of all education related to Speech-Language Pathology or Audiology within 10 years of application.

11. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)
12. **Effective July 1, 2016**, provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the “Self-Query Response” from the National Practitioner Data Bank, forward it to the Board office. (Verify that “Self-Query Response” is sent to the Board and not a discrepancy notice.)

**PLEASE NOTE:**

**If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.**

**In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.**



<b>The following questions must be answered, please check the appropriate box</b>		<b>Yes</b>	<b>No</b>
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?  If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board.  _____		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a professional or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against our professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapplication for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you have any mental or physical condition that would prevent you from practicing as a Speech Language Pathologist, Audiologist, or Teacher of the Hearing Impaired with reasonable skill?		
8.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
9.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
11.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

**IF YOU HAVE ANSWERED YES TO ANY QUESTIONS 2 THROUGH 11, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER PROVIDING A DETAILED EXPLANATION OF THE CIRCUMSTANCES AND THE OUTCOME. INCLUDE CERTIFIED COPIES FROM THE COURT IF YOU ANSWERED YES TO #4.**

**VERIFICATION**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**NOTICE:** Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.



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Regular Mail  
P O BOX 2649  
HARRISBURG, PA 17105  
717-783-1389

Courier Delivery  
2601 N THIRD ST  
HARRISBURG, PA 17110

**CURRENT PENNSYLVANIA EMPLOYER**

**APPLICANT** – Complete top section and send to Pennsylvania employer. If you have more than one employer, make copies of this page and send a copy to each one. If you do not have a current Pennsylvania employer, you are not required to submit this page.

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Last Name	First	Middle	Maiden Name
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Date of Birth	Social Security Number
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**EMPLOYER** – Complete bottom section and submit directly to the Board office to the address listed above in an official sealed envelope. (Form must be mailed in a sealed envelope that includes the employer’s return address matching the employer name listed in the below paragraph).

In accordance with Sections 16 and 17 of the Speech-Language and Hearing Licensure Act of December 21, 1984, PL 1253, 63 P.S. § 1716 and 1711, I the undersigned, being duly authorized, certify that \_\_\_\_\_, is the name  
(Name of corporation, partnership, trust, association, company or organization must be listed here)  
of a corporation, partnership, trust, association, company, or organization, which engages in the practice of Speech Language Pathology or Audiology by the employment of individuals licensed under the provisions of this act, submits itself to the rules and regulations of the State Board of Examiners in Speech-Language Pathology and Audiology and the provisions of the Act which the Board considers applicable.

**VERIFICATION**

I verify that the statements on this page are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA C.C § 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. (Notarization not required.)

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Pennsylvania Employer’s Signature	Title	Date
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Mailing Address of Place of Employment	City	State, Zip Code
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Print or type name of Pennsylvania Employer