

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

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

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

**Application instructions for Licensure in Audiology, Speech Language Pathology, or Teacher of the Hearing Impaired**

**All APPLICANTS-**

1. Complete pages 1 and 2.
2. Complete page 7 only if you will have a Pennsylvania Employer. This form must be received directly from the Pennsylvania employer in an official sealed envelope.
3. Attach \$20.00 application fee payable to Commonwealth of PA.  
**PLEASE NOTE: "If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary."**
4. Request letter(s) of good standing to be forwarded directly in an official sealed envelope, to the Pennsylvania State Board from any other state in which you have ever held a license to practice.
5. Attached a current 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 month and year.
6. If documents are received under a different name, a copy of a legal name change document (marriage certification, court order, divorce decree) showing the legal name change is required.
7. Choose one method of licensure (1 or 2) that pertains to you and follow the applicable instructions.

**1. WAIVER REQUIREMENTS (A, B or C)-**

- A. National Certification - Possess a current Certificate of Clinical Competence from the American Speech-Language-Hearing Association or a Professional Certificate issued by the Council on the Education of the Deaf.**
  - a) Complete page 3 – Certification – Complete top section and send to ASHA or CED. Verification must be received directly from ASHA or CED in an official sealed envelope.
  - b) Complete page 4 – Verification of 10 Graduate Credits – To be completed only by Teacher of the Hearing Impaired applicants. Complete top section and send to graduate school. Form must be received directly for the graduate school in an official sealed envelope.
- B. Nine consecutive months experience prior to February, 1985- Possess a minimum of a Bachelors Degree with a major in Speech Language Pathology, Audiology, or Teacher of the Hearing Impaired; and Have been employed as a Speech Language Pathologist, Audiologist or Teacher of the Hearing Impaired for at least nine (9) consecutive months during February 19, 1982 and February 19, 1985.**
  - a) Complete page 6 – Verification of Employment prior to February, 1985, must be received directly from employer in an official sealed envelope.
  - b) Request the school to submit an official transcript conferring degree directly the Board in an official sealed envelope.

**C. Reciprocity – Hold current certification or license in a state which has standards at least equivalent to those required for licensure in this Commonwealth.**

- a) Have the State Board where you are licensed forward certification directly to the Pennsylvania State Board of Examiners in Speech-language and Hearing confirming the requirements necessary for licensure in their state. This certification must be signed by an authorized official of the State Board with the seal of the State Board affixed thereto.
- b) Request the examination results be sent from the NTE (1-800-772-9476) directly to the State Board Office in an official sealed envelope. (Use code 8053 for Pennsylvania when requesting scores).

**2. LICENSURE BY EDUCATION, TRAINING, AND EXAMINATION REQUIREMENTS (REGULAR APPLICANT)- Possess a Masters degree in Speech Language Pathology, Audiology or Teacher of the Hearing Impaired; Complete at least one year of Supervised Professional Experience (9 month CFY); and Successfully pass the PRAXIS Exam.**

- a) Complete page 5 – Verification of Supervised Professional Experience (CFY) must be received directly from the qualified training supervisor in an official institution sealed envelope. Form must have the seal of the institution, if the institution does not have a seal the form must be notarized.
- b) Request the examination results be sent from the NTE (1-800-772-9476) directly to the State Board Office in an official sealed envelope. (Use code 8053 for Pennsylvania when requesting scores).
- c) Request the school to submit an official transcript conferring degree directly the Board in an official sealed envelope.

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS  
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**



| <b>The following questions must be answered, please check the appropriate box</b> |  | <b>Yes</b> | <b>No</b> |
|---|--|------------|-----------|
| 1.  | Have you ever been licensed to practice Audiology, Speech Language Pathology, or Teacher of the Hearing Impaired in any other state? <b>If yes, please list all states below</b><br><br>_____  |            |           |
| 2.  | Has any disciplinary action been taken against your license in any state, territory or jurisdiction?   |            |           |
| 3.  | Have you ever withdrawn an application, had an application denied or refused, or agreed not to apply for licensure in another jurisdiction?  |            |           |
| 4.  | Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. |            |           |
| 5.  | Have you ever been found guilty of immoral or unprofessional conduct or violated standards of professional practice or conduct?  |            |           |
| 6.  | Are you now, or have you within the past five years, been actively addicted to the imtemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program/PHMP.)   |            |           |
| 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?   |            |           |

**IF YOU HAVE ANSWERED YES TO ANY QUESTIONS 2 THROUGH 7, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER EXPLAINING THE SITUATUIN IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS PERTAINING TO THE SITUATION, IF APPLICABLE.**

**VERIFICATION**

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way and that the statements in this application are true and correct to the best of my knowledge, information and belief. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911 and I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

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

\_\_\_\_\_  
DATE

Note that disclosing your social security number on this application is mandatory in order for the State Board of Examiners in Speech-Language and Hearing 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). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. Reports to the HIPDB must include the licensee's social security number.









