



MEMORANDUM

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| DATE | August 5, 2022 |
| TO | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board |
| FROM | Heather Olivares, Legislation/Regulation Analyst |
| SUBJECT | Agenda Item 12i: Discussion and Possible Action to Amend Regulations Regarding SLPA Application and Board Processing Times as Stated in Title 16, CCR sections 1399.113, 1399.151.1, 1399.160.6, and 1399.170.13 |

Background

At the October 2021 Board meeting, Board staff recommended to the Board to repeal the regulatory provisions establishing processing times for applications through the Section 100 regulatory process.

The Board adopted 16 CCR sections 1399.113 and 1399.151.1 to implement Government Code section 15376 with respect to permit processing times. Government Code section 15376 was part of the Permit Reform Act (Act) of 1981 which required state agencies, including the Board, to adopt regulations regarding their procedures for considering and issuing permits. However, the Act was repealed by Assembly Bill 1757 (Committee on Budget, Chapter 229, Statutes of 2003). Therefore, specifying processing times in regulation is no longer required by law.

Due to an issue with the authority used to establish the processing times regulations, Board staff were unable to repeal these sections through the Section 100 regulatory process and must go through the formal regulatory process. This is because the amendments made in 2015 were not based on Government Code section 15376, but on Board authority that is still in existence, related to the Board’s public protection mandate.

Board staff is proposing this regulatory action to include the repeal of the processing times regulations that were unable to be repealed via the Section 100 regulatory process, relevant cross-references, and the Speech-Language Pathology Assistant (SLPA) application that is presently a form incorporated by reference in the current regulations. These changes are necessary to streamline the Board’s operations as part of the Business Modernization Project.

By placing the information required in the application form in regulatory text, staff can make changes to the formatting of the application without needing regulatory approval. Also, the criminal conviction question was removed per Business and Professions Code section 480 which became effective in 2020. The Department of Consumer Affairs, Legal Affairs Division, is working with staff to clarify language on how applicants submit educational transcripts and information about fieldwork, and what procedure is followed if an applicant is unable to Live Scan. The Board can approve the proposed language and instruct staff to proceed to public notice and comment after making any additional changes to the regulatory text in 16 CCR section 1399.170.13, in accordance with the Board's policy directives, needed to address the concerns raised by DCA Legal. If there are any changes from the version of the text in Attachment 1, the text would come back for Board approval at a future meeting prior to final submittal to the Office of Administrative Law.

Action Requested

Staff recommends the Board review and discuss the provided materials. The Board may wish to determine whether or not to approve the regulatory language and initiate the rulemaking process.

Suggestion Motion Language

Move to approve the proposed regulatory text for Sections 1399.113, 1399.151.1, 1399.160.6, and 1399.170.13, direct staff to make any additional changes to Section 1388.170.13, in accordance with the Board's policy directives, that are needed to address DCA Legal's concerns, submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Sections 1399.113, 1399.151.1, 1399.160.6, and 1399.170.13 as noticed.

- Attachment A: Application and Processing Times Proposed Regulatory Text
- Attachment B: Application for Speech-Language Pathology Assistant (77A-60 New 08/01)
- Attachment C: Application for Speech-Language Pathology Assistant (77A-61 New 12/99)
- Attachment D: Speech-Language Pathology Assistant Application for Registration
- Attachment E: Discipline Reporting Form

DEPARTMENT OF CONSUMER AFFAIRS
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

PROPOSED REGULATORY LANGUAGE
Application and Processing Times

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| Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout . |
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Repeal section 1399.113 of Division 13.3 of Title 16 of the CCR as follows:

~~§ 1399.113. Review of Hearing Aid Dispenser Applications; Processing Time.~~

~~(a) The Board shall inform in writing an applicant for licensure as a hearing aid dispenser within 17 days of receipt of the initial application form whether the application is complete and accepted for filing or is deficient and what specific information is required.~~

~~(b) The Board shall inform an applicant for licensure as a hearing aid dispenser within 189 days after completion of the application of its decision whether the applicant meets the requirements for licensure. "Completion of the application" means that a completed application form together with all required information, documentation and fees have been filed by the applicant. This period may be extended by that time necessary for retaking or rescheduling an examination.~~

~~NOTE: Authority cited: Section 2531.06, Business and Professions Code. Reference: Section 2538.24, Business and Professions Code.~~

Repeal section 1399.151.1 of Division 13.4 of Title 16 of the CCR as follows:

~~§ 1399.151.1. Review of Applications; Processing Time.~~

~~(a) Speech-Language Pathology Licenses.~~

~~(1) The Board shall inform in writing an applicant for licensure as a speech-language pathologist within 37 days whether the application is complete and accepted for filing or is deficient and what specific information is required.~~

~~(2) The Board shall inform in writing an applicant for licensure as a speech-language pathologist within 37 days after completion of the application, of its decision whether the applicant meets the requirements for licensure. "Completion of the application" means that a completed application form together with all required information, documentation~~

~~and fees have been filed by the applicant. This period may be extended if the applicant is delayed in obtaining or completing any required professional experience.~~

~~(b) Audiology Licenses.~~

~~(1) The Board shall inform in writing an applicant for licensure as an audiologist within 46 days whether the application is complete and accepted for filing or is deficient and what specific information is required.~~

~~(2) The Board shall inform in writing an applicant for licensure as an audiologist within 20 days after completion of the application of its decision whether the applicant meets the requirements for licensure. "Completion of the application" means that a completed application form together with all required information, documentation and fees have been filed by the applicant. This period may be extended if the applicant is delayed in obtaining or completing any required professional experience.~~

~~(c) Aide Registrations.~~

~~(1) The Board shall inform in writing an applicant for registration as an aide within 30 days whether the application is complete and accepted for filing or is deficient and what specific information is required.~~

~~(2) The Board shall inform in writing an applicant for registration as an aide within 20 days after completion of the application, of its decision whether the applicant meets the requirements for registration. "Completion of the application" means that a completed application form together with all required information, documentation and fees have been filed by the applicant.~~

~~(d) Continuing Professional Development Provider Approvals.~~

~~(1) The Board shall inform in writing an applicant for approval as a continuing professional development provider within 30 days whether the application is complete and accepted for filing or is deficient and what specific information is required to correct the deficiency.~~

~~(2) The Board shall inform in writing an applicant for approval as a continuing professional development provider within 30 days after completion of the application, of its decision whether the applicant meets the requirements for approval. "Completion of the application" means that a completed application form together with all required information, documentation and fees have been filed by the applicant.~~

~~(e) Continuing Professional Development Course Submissions.~~

~~(1) The Board shall inform in writing a licensee and/or a continuing professional development provider within 30 days as to whether a voluntary petition for course~~

~~approval documentation is complete and accepted for filing or is deficient and what specific information is required to correct the deficiency. The term “complete” means that all required information and documentation has been filed by the licensee and/or continuing professional development provider.~~

~~(2) The Board shall inform in writing a licensee and/or continuing professional development provider within 45 days after completion of the documentation submitted for a voluntary petition for course approval, of its decision whether the course meets the course content requirements as defined in Section 1399.160.4.~~

~~(f) Speech-Language Pathology Assistant.~~

~~(1) The Board shall inform an applicant for registration as a speech-language pathology assistant within 30 days whether the application is complete and accepted for filing or is deficient and what specific information is required.~~

~~(2) The Board shall inform an applicant for approval as a speech-language pathology assistant within 85 days after completion of the application, of its decision whether the applicant meets the requirements for registration. “Completion of the application” means that a completed application form together with all required information, documentation and fees have been filed by the applicant.~~

~~NOTE: Authority cited: Sections 2531.95, 2532.6(a) and 2538.1(a), Business and Professions Code. Reference: Sections 2530.6, 2531.4, 2532.6(e), 2532.6(e)(2) and 2534.2(f), Business and Professions Code.~~

Amend section 1399.160.6 of Division 13.4 of Title 16 of the CCR as follows:

§ 1399.160.6. Continuing Professional Development Course Approval.

(a) A licensee shall only be credited with continuing professional development hours if the licensee takes a course from a board-approved provider with a valid, current approval as a provider or from an entity listed in Section 2532.6(e)(1) of the Code.

(b) Courses related to the dispensing of hearing aids as offered by hearing aid manufacturers or companies for the purposes of continuing professional development shall be reviewed by the Board prior to the offering of the course. The continuing professional development provider must submit such request for course approval to the Board ~~according to the timeline in Section 1399.151.1(e)~~. Such request shall include:

(1) The nature of the sponsoring institution, the Board issued professional development provider number (with the exception of those entities listed in Section 2532.6(e)(1)), the address, telephone number, and contact person.

(2) Course title, date(s), location(s), and number of continuing professional development hours offered.

(3) Type and method of educational instruction and learner outcomes to be met.

(4) A course outline, course description, and instructor information and qualifications.

(5) If available, advertisements intended to be used by the provider to advertise the relevant course.

(c) A licensee or a continuing professional development provider may voluntarily petition Board consideration of any courses offered by an approved provider or an entity listed in Section 2532.6(e)(1) of the Code. The licensee or continuing professional development provider must submit such request for course approval to the Board ~~according to the timeline in Section 1399.151.1(e)~~. Such request shall include:

(1) The name of the sponsoring institution, the Board issued professional development provider number (with the exception of those entities listed in Section 2532.6(e)(1)), the address, telephone number, and contact person.

(2) Course title, date(s), location(s), and number of continuing professional development hours offered.

(3) Type and method of educational instruction and learner outcomes to be met.

(4) A course outline, course description, and instructor information and qualifications.

(5) If available, advertisements intended to be used by the provider to advertise the relevant course.

NOTE: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code. Reference: Section 2532.6(b), (e)(1) and (e)(2), Business and Professions Code.

Amend section 1399.170.13 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170.13. Application.

(a) Each person desiring registration as a speech-language pathology assistant shall file a completed application forms (77A-60 New 08/01 and, if applicable, 77A-61 New 12/99) and any required supporting documentation with the Board as provided in Section 1399.151.1 specified in subsection (b). Upon receipt of the speech-language pathology assistant application, the Board will review the application for registration and notify the applicant of its approval or disapproval. Failure to comply with the requirements of this section renders any application incomplete and the license will not

be issued until the licensee demonstrates compliance with all requirements.

(b) A completed application submitted to the Board shall include:

(1) A non-refundable fee as specified in Section 1399.157;

(2) Applicant's full legal name, other names used to include maiden name, address of record, telephone number, social security number or individual tax identification number, date of birth;

(3) Applicant's email address, if any;

(4) The applicant shall disclose whether they are serving or has previously served in the United States military.

(5) The applicant shall disclose whether they are an honorably discharged member of the United States Armed Forces. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(6) The applicant shall disclose whether they hold a current, active, and unrestricted license, or comparable authority, to practice in speech-language pathology or audiology in another United States state, district or territory, and whether their spouse or domestic partner is an active-duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active-duty military orders. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(B) A copy of their current license in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) The applicant shall disclose whether they were admitted to the United States as a refugee, has been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or has a Special Immigrant Visa (SIV).

If the applicant affirmatively states they meet any of these criteria, they shall provide the applicable documentation below with the application to receive expedited review:

(A) Form I-94, arrival/departure record, with an admission class code such as “RE” (refugee) or “AY” (asylee) or other information designating the person a refugee or asylee;

(B) Special Immigrant Visa that includes the “SI” or “SQ”;

(C) Permanent Resident Card (Form I-551), commonly known as a “green card,” with a category designation indicating that the person was admitted as a refugee or asylee; or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) The applicant shall provide the following regarding required education as specified in Section 1399.170.11:

(A) Name of the institution;

(B) City and state of the institution;

(C) Field of study, or major;

(D) Type of degree received;

(E) Date of the degree received;

(F) Official transcript sealed by the institution and mailed to the Board; and

(G) If the degree is not posted on the official transcript, a photocopy of diploma.

(9) The applicant shall provide the following regarding fieldwork experience as specified in 1399.170.11:

(A) Applicant’s full legal name

(B) Name of the institution;

(C) Supervisor’s full legal name and license number;

(D) Location of where the experience was obtained;

(E) Start and end dates of the experience;

(F) Hours earned; and

(G) A written statement, signed by the training program director or coordinator and the applicant, certifying that all of the information provided in the form is true and correct under penalty of perjury under the laws of the state of California.

(10) The applicant shall disclose if they have been licensed to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where the license was issued.

(11) The applicant shall disclose if they have been denied a license to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where the license was issued. Applicants are not required to disclose any information regarding a denial based upon any of the following:

(A) Convictions dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement;

(B) Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;

(C) Convictions for which the person has been granted clemency or a pardon by a state or federal executive;

(D) An arrest that resulted in a disposition other than a conviction including an infraction or citation;

(E) Convictions that were adjudicated in the juvenile court; or,

(F) Convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older.

(13) The applicant shall disclose if, within the preceding seven years, they have had a license subjected to formal discipline by a licensing board in or outside of California. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the licensee. If the applicant affirmatively states they meet this criterion, they

shall provide on a courtesy form provided by the Board the following information:

(A) Name of the disciplinary action taken against the applicant;

(B) Date of the offense;

(C) Name of the licensing entity;

(D) Dates of probation, if applicable;

(E) Description of the circumstances of the incident;

(F) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(G) A letter describing the applicant's rehabilitation efforts or changes;

(H) Any evidence that present sufficient rehabilitation and demonstration of the applicant's fitness for licensure; and

(I) A written statement, signed by the applicant, certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

(14) The applicant shall submit a Live Scan inquiry or furnish two classifiable sets of fingerprints to the Board to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall submit along with their application and the fees required by section 1399.157, a receipt showing the transmission of their fingerprints to the Department of Justice, or the two classifiable sets of fingerprints. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice, and the Federal Bureau of Investigation.

(15) A written statement, signed by the applicant, certifying that all of the information provided in the application or any attachments is true and correct under penalty of perjury under the laws of the state of California.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Section Sections 115.4, 115.5, 135.4, 144, 144.5, 480, 2531.4, 2533, 2535, 2535.2, and 2538.1(b)(1), Business and Professions Code.



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825-3204
 TELEPHONE: (916) 263-2666 / FAX: (916) 263-2668
 www.dca.ca.gov/slpab



APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

INSTRUCTIONS: ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED. IF NOT APPLICABLE, INDICATE N/A. MAIL COMPLETED APPLICATION, ALL SUPPORTING DOCUMENTS, AND \$50 FEE TO THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD.

PLEASE PRINT OR TYPE.

| | | |
|---|--|-------------------------|
| 1. FULL NAME: LAST FIRST MIDDLE | | |
| 2. OTHER NAMES YOU HAVE USED: | | |
| 3. *ADDRESS OF RECORD: STREET CITY STATE ZIP CODE | | |
| 4. RESIDENCE TELEPHONE: () | | BUSINESS TELEPHONE: () |
| 5. SOCIAL SECURITY NUMBER: | | DATE OF BIRTH: |
| 6. BASIS FOR FILING: -ASSOCIATE OF ARTS OR SCIENCES DEGREE _____ BACHELOR'S DEGREE _____ WORK EXPERIENCE _____ | | |

7. LIST NAME AND LOCATION OF ALL SATISFACTORILY COMPLETED EDUCATION. PLEASE ATTACH OFFICIAL TRANSCRIPTS FROM EACH INSTITUTION AND, IF NOT POSTED ON OFFICIAL TRANSCRIPTS, A COPY OF THE ACADEMIC DEGREE/CERTIFICATE CONFERRED.

| Institution | Location | Major Field of Study/Educational Program | Period of Attendance | | Degree/Certificate Received & Date |
|-------------|----------|--|----------------------|------------|------------------------------------|
| | | | From (Mo/Yr) | To (Mo/Yr) | |
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8. IF THE APPLICANT DID NOT COMPLETE A SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAM APPROVED BY THE BOARD, THE APPLICANT MUST SUBMIT EVIDENCE OF COMPLETION OF THE REQUIRED FIELD WORK EXPERIENCE IN CONJUNCTION WITH ACADEMIC COURSE REQUIREMENTS, PURSUANT TO TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS, SECTION 1399.170.11 PLEASE ATTACH OFFICIAL TRANSCRIPTS FROM EACH INSTITUTION. COMPLETE ENCLOSED FIELDWORK EXPERIENCE VERIFICATION FORM.

| Institution Where Applicant Was Enrolled To Complete Field Work Experience | Training Program Director/Coordinator | Program Director/Coordinator or Phone Number |
|--|---------------------------------------|--|
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***YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST.**

9. THIS QUESTION APPLIES TO THE SPEECH-LANGUAGE PATHOLOGY AIDES WHO MAY QUALIFY FOR REGISTRATION BASED ON SUFFICIENT JOB TRAINING AND EXPERIENCE. THE APPLICANT MUST HAVE A MINIMUM EQUIVALENT OF 12 MONTHS FULL-TIME WORK EXPERIENCE (FULL-TIME IS A MINIMUM OF 30 HOURS PER WEEK) WITHIN THE PREVIOUS FIVE YEARS. ALL SUPPORTING DOCUMENTATION LISTED BELOW MUST ACCOMPANY THIS APPLICATION.

| <u>Employer's Name & Address</u> | <u>Supervisor's Name & License No. or ASHA Certification No.</u> | <u>Employer's Phone Number</u> | <u>Applicant's Hours Per Week</u> | <u>Dates of Employment</u> | |
|--------------------------------------|--|--------------------------------|-----------------------------------|----------------------------|-------------------|
| | | | | <u>From (Mo/Yr)</u> | <u>To (Mo/Yr)</u> |
| | | | | | |
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SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS FOR EACH SETTING LISTED ABOVE:

- * DOCUMENTATION SIGNED BY THE APPLICANT, THE SUPERVISOR, AND THE EMPLOYER EVIDENCING THE LEVEL OF TRAINING OF THE APPLICANT AND THE DUTIES PERFORMED BY THE APPLICANT.
- * THE AIDE DUTY STATEMENT AND PROPOSED PLAN OF TRAINING.
- * A WRITTEN ASSESSMENT BY THE SUPERVISOR INDICATING THE APPLICANT'S SKILLS AND JOB PERFORMANCE.

10. ~~HAVE YOU EVER BEEN LICENSED OR REGISTERED AS A SPEECH-LANGUAGE PATHOLOGY ASSISTANT BY ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES? (IF YES, LIST ALL STATES OR COUNTRIES WHERE YOU WERE ISSUED A LICENSE OR REGISTRATION.)~~

~~Yes _____ No _____~~

11. ~~HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY HEALING ARTS LICENSE OR REGISTRATION WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD?~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

12. ~~HAVE YOU EVER BEEN DENIED A SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE OR REGISTRATION OR ANY OTHER HEALING ARTS LICENSE OR REGISTRATION, BY ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

13. ~~HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE OR REGISTRATION TO PRACTICE IN THE HEALING ARTS IN ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

14. ~~HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$150 OR LESS)~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

~~You are required to list any conviction that has been set aside and/or dismissed under Penal Code Section 1203.4.~~

NOTE: ~~The photograph AND the sworn statement below~~ ATTACH 2" x 2" OR 3" x 3"
~~must be dated within sixty (60) days of the filing~~ PASSPORT TYPE PHOTOGRAPH
~~date of this application.~~

PLACE PHOTO HERE

STATEMENT OF APPLICANT

~~I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF MY LICENSE.~~

~~I FULLY UNDERSTAND THAT I MAY NOT PRACTICE AS A SPEECH LANGUAGE PATHOLOGY ASSISTANT IN THE STATE OF CALIFORNIA WITHOUT WRITTEN NOTIFICATION FROM THE CALIFORNIA SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD THAT I MAY DO SO.~~

DATE: _____ SIGNATURE: _____
(MUST BE SIGNED IN BLUE INK)

INFORMATION COLLECTION AND ACCESS

The Speech Language Pathology and Audiology Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

REPORTING OF SUSPECTED INSTANCE OF CHILD ABUSE

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; Head Start teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (Commencing with Section 500) of the Business and Professions Code.

"Non medical practitioner" includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine or treat children.

Failure to comply with the requirements of Section 11166 of the Penal Code is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000) or by both.

SOCIAL SECURITY DISCLOSURE NOTICE

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (e) (2) - C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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PLEASE PRINT OR TYPE.

1. FULL NAME: _____ LAST _____ FIRST _____ MIDDLE _____

2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN): _____

3. * ADDRESS OF RECORD: _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

4. RESIDENCE TELEPHONE: _____ BUSINESS TELEPHONE: _____

_____ (_____) _____ (_____)
5. SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

6. BASIS FOR FILING: _____

ASSOCIATE OF ARTS OR SCIENCES DEGREE _____ BACHELOR'S DEGREE _____ WORK EXPERIENCE _____

7. LIST NAME AND LOCATION OF ALL SATISFACTORILY COMPLETED EDUCATION. PLEASE ATTACH OFFICIAL TRANSCRIPTS FROM EACH INSTITUTION AND, IF NOT POSTED ON OFFICIAL TRANSCRIPTS, A COPY OF THE ACADEMIC DEGREE/CERTIFICATE CONFERRED.

| Institution | Location | Major Field of Study/Educational Program | Period of Attendance | | Degree/Certificate Received & Date |
|-------------|----------|--|----------------------|-------------|------------------------------------|
| | | | From (Mo./Yr) | To (Mo./Yr) | |
| | | | | | |
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8. IF THE APPLICANT DID NOT COMPLETE A SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAM APPROVED BY THE BOARD, THE APPLICANT MUST SUBMIT EVIDENCE OF COMPLETION OF THE REQUIRED FIELD WORK EXPERIENCE IN CONJUNCTION WITH ACADEMIC COURSE REQUIREMENTS, PURSUANT TO TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS, SECTION 1399.170.11 PLEASE ATTACH OFFICIAL TRANSCRIPTS FROM EACH INSTITUTION. COMPLETE ENCLOSED FIELDWORK EXPERIENCE VERIFICATION FORM.

| Institution Where Applicant Was Enrolled To Complete Field Work Experience | Training Program Director/ Coordinator | Program Director/Coordinator Phone Number |
|--|--|---|
| | | |
| | | |

***YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST.**

9. THIS QUESTION APPLIES TO SPEECH LANGUAGE PATHOLOGY AIDES WHO MAY QUALIFY FOR REGISTRATION BASED ON SUFFICIENT JOB TRAINING AND EXPERIENCE. THE APPLICANT MUST HAVE A MINIMUM OF 12 MONTHS OF FULL-TIME WORK EXPERIENCE (A MINIMUM OF 30 HOURS PER WEEK) WITHIN THE PREVIOUS THREE YEARS. ALL SUPPORTING DOCUMENTATION LISTED BELOW MUST ACCOMPANY THIS APPLICATION.

| Employer's Name & Address | Supervisor's Name & License No. or ASHA Certification No. | Employer's Phone Number | Applicant's Hours Per Week | Dates of Employment | |
|---------------------------|---|-------------------------|----------------------------|---------------------|------------|
| | | | | From (Mo/Yr) | To (Mo/Yr) |
| | | | | | |
| | | | | | |
| | | | | | |

SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS FOR EACH SETTING LISTED ABOVE:

- ~~DOCUMENTATION SIGNED BY THE APPLICANT, THE SUPERVISOR, AND THE EMPLOYER EVIDENCING THE LEVEL OF TRAINING OF THE APPLICANT AND THE DUTIES PERFORMED BY THE APPLICANT.~~
- ~~THE AIDE DUTY STATEMENT AND PROPOSED PLAN OF TRAINING.~~
- ~~A WRITTEN ASSESSMENT BY THE SUPERVISOR INDICATING THE APPLICANT'S SKILLS AND JOB PERFORMANCE.~~

~~10. HAVE YOU EVER BEEN LICENSED OR REGISTERED AS A SPEECH LANGUAGE PATHOLOGY ASSISTANT BY ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES? (IF YES, LIST ALL STATES OR COUNTRIES WHERE YOU WERE ISSUED A LICENSE OR REGISTRATION.)~~

~~Yes _____ No _____~~

~~11. HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY HEALING ARTS LICENSE OR REGISTRATION WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD?~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

~~12. HAVE YOU EVER BEEN DENIED A SPEECH LANGUAGE PATHOLOGY ASSISTANT LICENSE OR REGISTRATION OR ANY OTHER HEALING ARTS LICENSE OR REGISTRATION, BY ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

~~13. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE OR REGISTRATION TO PRACTICE IN THE HEALING ARTS IN ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

~~14. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$150 OR LESS)~~

~~Yes _____ No _____ (If yes, give details on separate sheet)~~

~~You are required to list any conviction that has been set aside and/or dismissed under Penal Code Section 1203.4.~~

~~NOTE: The photograph AND the sworn statement below~~ ~~ATTACH 2" x 2" OR 3" x 3"~~
~~must be dated within sixty (60) days of the filing~~ ~~PASSPORT TYPE PHOTOGRAPH~~
~~date of this application.~~

PLACE PHOTO HERE

STATEMENT OF APPLICANT

~~I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF MY LICENSE.~~

~~I FULLY UNDERSTAND THAT I MAY NOT PRACTICE AS A SPEECH LANGUAGE PATHOLOGY ASSISTANT IN THE STATE OF CALIFORNIA WITHOUT WRITTEN NOTIFICATION FROM THE CALIFORNIA SPEECH LANGUAGE PATHOLOGY & AUDIOLOGY BOARD THAT I MAY DO SO.~~

DATE: _____ SIGNATURE: _____

(MUST BE SIGNED IN BLUE INK)

INFORMATION COLLECTION AND ACCESS

The Speech-Language Pathology and Audiology Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

REPORTING OF SUSPECTED INSTANCE OF CHILD ABUSE

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; Head Start teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (Commencing with Section 500) of the Business and Professions Code.

"Non-medical practitioner" includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine or treat children.

Failure to comply with the requirements of Section 11166 of the Penal Code is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000) or by both.

SOCIAL SECURITY DISCLOSURE NOTICE

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) - C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



Application Checklist for *Speech-Language Pathology Assistant*

Visit our [Frequently Asked Questions](#) page (link available under the Applicant/Registrant tab) for more information. If you need additional assistance, please email the Board at speechandhearing@dca.ca.gov.

Items 1-6 are required for the issuance of a SLPA registration.

1. **Application**
 - Remember to attach a 2x2 passport quality photograph.
2. **Fees**
 - \$50 check or money order to the Board, made payable to SLPAHADB.
3. **Official Paper Transcripts**
 - Must be submitted in an envelope sealed by the institution
4. **Photocopy of Diploma (unless posted on transcript)**
5. **Verification Form (submit only one of these forms)**
 - Fieldwork Experience Verification Form (two-year SLPA program/Associate's program)
 - Fieldwork Experience Verification Form – Undergraduate Clinical Experience (Bachelor's program)
6. **Fingerprints**
 - California applicants are required to use Live Scan for fingerprinting; submit a copy of the completed live scan form to the Board. Fees are paid directly to the Live Scan operator.
 - Out-of-State applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49 (DOJ and FBI processing fee). You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab.
 - **Please note:** one (1) check or money order in the amount of \$99 (\$50 licensing fee and \$49 fingerprint card processing fee) may be submitted; made payable to SLPAHADB.

*Item listed below required **after** the SLPA registration is issued, prior to performing SLPA duties.*

- Supervisor Responsibility Statement** – This form is to be completed with your supervisor upon employment as a SLPA. The form must be sent to the Board within thirty (30) days of the commencement of supervision.
- Please note, although the Board may issue your SLPA registration, you cannot perform the duties and functions of a SLPA until you have an approved supervisor on file with the Board.



Speech-Language Pathology Assistant APPLICATION FOR REGISTRATION \$50.00

INSTRUCTIONS: Do not print this application double-sided. Do not use white-out. Any corrections to this form must be crossed out and initialed. The completed application form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

QUALIFYING EDUCATION (Check only one): Associate's Degree Bachelor's Degree

Please type or print legibly.

| | | |
|---|-------|--------------------------------|
| 1. FULL LEGAL NAME: LAST | FIRST | MIDDLE |
| 2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN): | | |
| 3. STREET ADDRESS | CITY | STATE ZIP |
| 4. PHONE: | | |
| 5. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN): | | 6. DATE OF BIRTH: (MM/DD/YYYY) |
| 7. EMAIL ADDRESS: | | |
| 8. ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF AN ACTIVE DUTY MILITARY PERSONNEL? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide evidence that the application is married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the united states who is assigned to a duty station in California under official active duty orders; and 2) hold a current license in another state, district, or territory of the united states in speech-language pathology or audiology. | | |
| 9. ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the board that the applicant has served as an active duty member of the armed forces for the united states and was honorably discharged. | | |
| 10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW. Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/> <ul style="list-style-type: none"> • You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; • You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or, • You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government. If you selected yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays. | | |

**ATTACH 2" X 2"
 PASSPORT QUALITY
 PHOTOGRAPH HERE.**

MUST BE AN ACTUAL PHOTOGRAPH,
 NOT A PAPER COPY.

PHOTOGRAPHS MUST BE TAKEN
 WITHIN 60 DAYS OF THE FILING DATE
 OF THIS APPLICATION

PRINT YOUR FULL NAME ON THE
 BACK OF THE PHOTOGRAPH

| | | | | |
|--|------------|----------------------|-------------------------|----------------------|
| 11. List name and location of all satisfactorily completed undergraduate education. You must have official transcripts mailed to the Board in an envelope sealed by the university from each institution. | | | | |
| INSTITUTION NAME | CITY/STATE | MAJOR FIELD OF STUDY | TYPE OF DEGREE RECEIVED | DATE DEGREE RECEIVED |
| | | | | |
| | | | | |
| 12. If the applicant did not complete a speech-language pathology assistant program approved by the Board, the applicant must submit evidence of completion of the required fieldwork experience or employment work experience in conjunction with academic course requirements, pursuant to Title 16 of the California Code of Regulations, Section 1399.170.11. A fieldwork experience verification form must be completed and submitted with this application. | | | | |
| Please check only one of the appropriate qualifying experiences: | | | | |
| <input type="checkbox"/> Fieldwork from Board Approved SLPA Program/Associate's Degree Program | | | | |
| <input type="checkbox"/> Fieldwork from Bachelor's Degree Program | | | | |

| | YES | NO |
|--|--------------------------|--------------------------|
| 13. Have you ever been licensed to practice speech-language pathology or audiology in any state or country? If yes, list state(s) and/or country? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

A YES answer to any of the questions below (14 through 17), requires you to complete and submit the Discipline Reporting Form.

| | YES | NO |
|--|--------------------------|--------------------------|
| 14. Have you ever been the subject of a disciplinary action or have any <i>pending</i> disciplinary action taken or charges filed against any speech-language pathology, audiology, hearing aid dispensing, or other healing arts license? Include any disciplinary action taken by any other state or federal government entity? <i>This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you had any pending investigations by any state or federal agencies against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or any other healing arts profession, in any state or country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country? | <input type="checkbox"/> | <input type="checkbox"/> |

You must report to the Board the result of any actions which have been filed or are pending against any speech-language pathology or audiology license you hold at the time of filing this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business and Professions Code.

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Applicant's Signature

Date

INFORMATION COLLECTION AND ACCESS The information requested on this application is mandatory and is maintained by the Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board, 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287-7915. Information provided may be transferred and may be transferred to other governmental and enforcement agencies as may be necessary to permit the board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory and collection is authorized by BPC sections 30 and 31. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, you may be reported to the Franchise Tax Board (FTB) and be assessed a penalty of \$100. Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board if a registrant does not pay his or her state tax obligation, the registration may be suspended.

Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if your tax obligation is not paid.



Speech-Language Pathology Assistant FIELDWORK EXPERIENCE VERIFICATION FORM SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAMS

INSTRUCTIONS: Complete all sections of the form and submit to college or university for verification. Do not use white-out. Any corrections to this form must be crossed out and initialed. The current training program director/coordinator must sign this form. The completed form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

| APPLICANT'S NAME: | | | | |
|--|--|--|----|-----------------|
| UNIVERSITY OR COLLEGE: | | | | |
| SUPERVISOR'S FULL NAME & LICENSE NUMBER | LOCATION WHERE EXPERIENCE WAS OBTAINED | DATES OF EXPERIENCE (MM/DD/YYYY) | | HOURS EARNED |
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |
| GRAND TOTAL: | | | | |

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

 NAME OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 DATE

 APPLICANT'S SIGNATURE

 DATE



Speech-Language Pathology Assistant FIELDWORK EXPERIENCE VERIFICATION FORM UNDERGRADUATE CLINICAL EXPERIENCE

INSTRUCTIONS: Complete all sections of the form and submit to college or university for verification. Do not use white-out. Any corrections to this form must be crossed out and initialed. The current training program director/coordinator must sign this form. The completed form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted.

| APPLICANT'S NAME: | | | | |
|--|--|--|----|-----------------|
| UNIVERSITY OR COLLEGE: | | | | |
| SUPERVISOR'S FULL NAME & LICENSE NUMBER | LOCATION WHERE EXPERIENCE WAS OBTAINED | DATES OF EXPERIENCE (MM/DD/YYYY) | | HOURS EARNED |
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |
| GRAND TOTAL: | | | | |

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

 NAME OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

 DATE

 APPLICANT'S SIGNATURE

 DATE



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0437
ORI (Code assigned by DOJ)

License
Authorized Applicant Type

Speech Assistant

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
Agency Authorized to Receive Criminal Record Information

06187
Mail Code (five-digit code assigned by DOJ)

1601 Response Road, Suite 260
Street Address or P.O. Box

Sacramento CA 95815
City State ZIP Code

N/A
Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex Male Female

Date of Birth

Driver's License Number

Billing Number
(Agency Billing Number)

Misc. Number Applicant Must Pay At Site
(Other Identification Number)

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: 7700 SLP/AU
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Not Applicable
Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



DISCIPLINE REPORTING FORM

IF YOU ARE APPLYING FOR A LICENSE, ATTACH THIS FORM TO YOUR APPLICATION

If you are reporting more than one license disciplinary action, please complete a separate form for each disciplinary action. The completed form must be mailed to the Board along with requested documentation. Scanned, photocopied, and electronic signatures will not be accepted.

Please Type (illegible handwriting may be returned to applicant for resubmission).

| | | | | | | | | |
|---|--|--|-------|--|--|-----------------|--|--|
| Name: Last | | | First | | | Middle | | |
| Disciplinary action taken by another state or country | | | | | | Date of Offense | | |
| Licensing Agency (Include Agency Name and State) | | | | | | | | |
| Dates of Probation (if applicable): _____ to _____ | | | | | | | | |
| Please Type: Describe the circumstances of the incident (attach additional pages if necessary): <i>Do not include any rehabilitation evidence on this form.</i> | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Print Full Name _____ Date _____

The following documentation is required before your file can be reviewed:

LICENSE DISCIPLINARY ACTION

The following must be submitted prior to processing your application:

- A certified copy of the determination made by the licensing entity. This document should include the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;
- A letter from you describing rehabilitation efforts or changes you have made to prevent future incidences. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure.

REHABILITATION

California Code of Regulations, Title 16, sections 1399.133 and 1399.156.2 states that when considering the denial of a license or registration under Section 480 of the Business & Professions Code, the Board, in evaluating the rehabilitation of the applicant and their current eligibility for a license or registration, will consider the following criteria:

- The nature and severity of the act(s) or crime(s) under consideration as grounds for denial;
- Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial, which also could be considered as grounds for denial under Section 480 of the Business & Professions Code;
- The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480, subdivision (1) or (2) of the Business & Professions Code;
- The extent to which the applicant has complied with all terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant;
- Evidence, if any, of rehabilitation submitted by the applicant.