



SLP/A Licensing
Health Occupations Program
P.O. Box 64882
St. Paul, MN 55164-0882
Ph: (651)201-3726
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For MDH office use only

Date Received:

Application Information: Speech-Language Pathologist or Audiologist License

MINNESOTA GOVERNMENT DATA PRACTICES ACT NOTICE. This notice is given pursuant to Minnesota Statutes, ' 13.04, Subd. 2, and ' 13.41, Subd. 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information provided in this application to determine if you meet Minnesota Statutes, ' 148.511 through 148.5198 requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. *When you become licensed the application data, except social security number, becomes public and will be released to persons who request the public data.* Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, the Speech-Language Pathologist and Audiologist Advisory Council and its staff; staff of the Attorney General's office; and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your licensing becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

APPLICATION INSTRUCTIONS

SPECIFIC INSTRUCTIONS. You must answer every numbered question or statement in this application. If something does not apply to you, please write "N/A" in the space provided for a response. Incomplete applications will be returned. Each question in this application must be answered fully, truthfully and accurately by the applicant. Intentionally submitting false or misleading information to the Commissioner is cause for denial of licensing or disciplinary action by the Commissioner. If space for any answer is insufficient, the answer may be completed on page 7 of this application. If other, additional sheets of paper are used, please specify the number of the question being answered, sign and date each page, and attach it to the rest of the application.

APPLICATIONS MUST INCLUDE THE FOLLOWING OR WILL BE CONSIDERED INCOMPLETE AND RETURNED:

1. Completed, signed, and dated application. Applications signed more than 30 days prior to submission will be returned.
2. Documentation supporting application.
 - A. Each applicant must select one of the three licensing methods and provide the documentation required for the method chosen. The methods of qualifying for licensing are: Method 1: Current ASHA or ABA certification; Method 2: Reciprocity; and Method 3: Meet all requirements for AHSA or ABA certifications, but not certified. The documentation required for each method is listed on the next page.
 - B. Applicants who have held or currently hold a credential as a speech-language pathologist or audiologist in Minnesota or another state must provide the documentation required in question 11, regardless of whether you are applying for licensing by reciprocity.
 - C. Applicants who have held or currently hold a teaching credential as a speech-language pathologist in Minnesota or another state must provide the documentation required in question 11.
 - D. Applicants who have held or currently hold a credential to dispense hearing instruments in this or another state must provide the documentation required in question 13.
 - E. Applicants for audiology licensing must take and pass the hearing instrument dispenser practical examination. Please call (651)201-3724 if you need this application.
3. Records Waiver Authorization and Release.
4. Check or money order made payable to the Treasurer, State of Minnesota, in the amount specified in the cover letter for your initial licensing fee. You may also view licensing fees via this website address: www.health.state.mn.us/divs/hpsc/hop/slpa/index.html **All fees are nonrefundable.** Minnesota Statutes, ' 148.5194, Subd. 5.

Methods of Application and Instructions

METHOD 1. (Equivalency based on Current Certifications)

You may qualify for licensing by Equivalency under Minnesota Statutes, ' 148.516 if you hold a current certificate of clinical competency (CCC) issued by ASHA and/or current board certification from the American Board of Audiology. To complete your application for licensing under Method 1, you must supply documentation of your current certification(s) from ASHA or ABA or both. Acceptable documentation is a current letter of verification from ASHA and/or ABA, with original signature - copies are unacceptable. To obtain the ASHA and/or ABA letter of verification, please follow the directions below.

1. You must contact ASHA or ABA at:

ASHA
ATTN: CERTIFICATION
2200 Research Blvd
Rockville, MD 20852-3289
Phone: 1-800-498-2071
Fax: 301-296-8580
www.asha.org

ABA
American Board of Audiology
8300 Greensboro Drive, Suite 750
McLean, VA 22102
Phone: 703-790-8466
Fax: 703-790-8631
<http://www.americanboardofaudiology.org/>

2. You must request that ASHA and/or ABA submit a letter(s) to the Minnesota Department of Health which provides the following information: your name; your ASHA and/or ABA account number; the date ASHA and/or ABA issued your certification(s); the expiration date of your current certification(s); and whether the certification(s) was issued in Speech-Language Pathology and/or Audiology. You must request that ASHA and/or ABA send the letter(s) to:

MDH/Health Occupations Program
SLPA Licensing
P.O. Box 64882
St. Paul, MN 55164-0882

3. You are responsible for paying any fees requested by ASHA or ABA.

METHOD 2. (Reciprocity)

You may qualify for licensing by reciprocity under Minnesota Statutes, ' 148.517 if you hold a current and unrestricted credential as a speech-language pathologist or audiologist in another jurisdiction that has requirements equivalent to or higher than those required by Minnesota Statutes, ' ' 148.511 through 148.5198.

PLEASE NOTE: If you hold a current CCC and are credentialed by another state, you may apply for licensing based upon your CCC and Method 1 described above.

To complete your application for licensing by reciprocity, you must request that the appropriate person in the state in which you hold a current credential provide the information required in question 10 and a copy of the state statute and/or administrative rule which describes the qualifications for your credential at the time your credential was issued. The letter should be sent to:

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St. Paul, MN 55164-0882

You are responsible for paying any fees requested by the state or states you contact.

METHOD 3. (Meet all requirements for certification(s), but do not have certification)

If you do not currently hold a CCC or board certification you may qualify for licensing under Minnesota Statutes, ' 148.515 if you have met every requirement that ASHA and/or ABA requires for certification. To document that you have met those requirements, you must:

1. Contact the institution from which you received your degree. Request that **the institution send directly to the Department** an official transcript showing that you hold a master's or doctoral degree in speech-language pathology, audiology, or communication disorders. The Department will not accept a transcript from the applicant unless it is in a registrar=s official, sealed and unopened envelope.
2. Contact the institution where you completed your supervised clinical training. Supervised clinical training is completed while one is a student. Have the appropriate person(s) at the institution sign and date Form A.
3. Contact the organization where you completed your supervised post-graduate clinical fellowship or doctoral internship experience. Supervised post-graduate clinical experience is completed after graduation. Have the appropriate person at the organization sign and date Form B.
4. Provide a copy of your score report showing a passing score on the National Examination in Speech-Language Pathology or Audiology (NESPA).

TEMPORARY LICENSES

Temporary licenses may be granted to applicants in the following circumstances by meeting the requirements listed below:

A. Clinical Fellowships or Doctoral Externships:

1. Apply for temporary licensing on a form provided by the Commissioner.
2. Be supervised by a Minnesota licensed Speech Language Pathologist or Audiologist, or a person certified by the American Speech-Language-Hearing Association or American Board of Audiology.
3. Obtain verification of supervision on the temporary license application form provided by the Commissioner.
4. Pay the appropriate prorated fee.

B. Applicants Credentialed by ASHA, ABA or Other States:

1. Submit an application for temporary licensing on a form provided by the Commissioner and containing a signed affirmation of unrestricted credential.
2. Submit copies of a current credential from ASHA, ABA or another state.
3. Pay the appropriate prorated fee.

Upon request, this information will be made available in alternative format; for example, large print, braille, or cassette tape.