

**INSTRUCTIONS/CHECKLIST
INITIAL APPLICATION WITH VIRGINIA BOARD OF EDUCATION ENDORSEMENT
SCHOOL SPEECH-LANGUAGE PATHOLOGY LICENSE**

BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- 1) This initial application is for an individual who has an active, renewable license issued by the Virginia Board of Education with a valid endorsement in speech-language pathology as of June 30, 2014. If an individual has ever been issued a license by the Board of Audiology and Speech-Language Pathology (Board), this application cannot be submitted and the Board should be contacted;
- 2) Review the Virginia laws and regulations pertaining to the practice of audiology and speech-language pathology at www.dhp.virginia.gov/aud/. The application requires a signature attesting to reading the laws and regulations related to the practice of audiology and speech-language pathology;
- 3) An incomplete application will delay processing;
- 4) The board may require additional documentation as needed to determine eligibility;
- 5) Additional forms are located under "Other Forms" on the board's website;
- 6) The receipt or status of an application is discussed only with the applicant;
- 7) Submit a required fee of \$70, check or money order, made payable to "Treasurer of Virginia;" and
- 8) Please allow 21 days from initial mailing for board staff to receive and process an application.

Application Checklist

- Verification in the form of a copy of an active, renewable license issued by the Virginia Board of Education with a valid endorsement in speech-language pathology as of June 30, 2014; and
- Verification of all speech-language pathology licenses ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia. Licenses may be verified on the Board's optional *Licensure Verification Form* located on the Board's website under "Additional Forms." A license issued by the Virginia Board of Education does not need to be verified using this form. Do not send this form to the Virginia Department of Education.

Application Notifications from the Board

- Email confirmation of receipt of application, including a listing of incomplete application items, are typically sent within 21 business days.
- Email notice when license issued. **Note:** Individuals are not licensed to practice until they receive notification from the Board that the license has been issued. An application in process is not sufficient to practice.
- Postal mailing of the license.

License Expiration Dates

- Please refer to the registration for expiration date.

Board Communication

- Email address: The Board's preferred method of communication is through email notifications. Maintaining a current email address with the Board office provides a mechanism for up-to-date and cost effective communication. **Note:** It is recommended that you add the Board's email address to your list of contacts to avoid the Board's communication being identified as SPAM.
- To receive automatic board regulatory updates via email, register with the Virginia Regulatory Town Hall at www.townhall.virginia.gov.

Board of Audiology and Speech-Language Pathology Contact Information

Address: 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Webpage: www.dhp.virginia.gov/aud/

Email: AudBD@dhp.virginia.gov

Phone: (804) 367-4630

Fax: (804) 527-4471

Note: As of June 1, 2019, the Board's phone number will change to: (804) 597-4132

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Henrico, Virginia 23233

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Full Name (Please Print or Type)

Last		First			Middle Initial	
Have you ever been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. If the name stated above does not match name on required documentation, a copy of court order or marriage certificate is required.						
Other Names:						
Public Address for Disclosure		City	State	Zip Code	Telephone No.	
Address of Record (Mailing Address)		City	State	Zip Code	Telephone No.	
<p>ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals are not posted on the "License Lookup" program available through the board's website.</p>						
*Social Security No. or Virginia DMV No.		Date of Birth (mm/dd/yyyy)		Email Address		
Are you active-duty military?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?					YES <input type="checkbox"/>	NO <input type="checkbox"/>

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	IAT VOUCHER #/RECEIPT #	LICENSE #	ISSUE DATE

1. Have you been actively engaged in the practice of speech-language pathology prior to seeking licensure in Virginia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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2. List all professional practice in reverse chronological order. A resume may be submitted.			
Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Name of Employer/City/State/Phone	Type of Practice

3. List all jurisdictions (U.S. or its territories, District of Columbia) in which you have ever held a license, including expired, to practice speech-language pathology (does not include teaching certificates issued by the Department of Education). If more space is needed, please record on separate paper.
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Jurisdiction	License #	Issue Date (mm/dd/yyyy)	Years of Practice	License Status (expired/active/inactive/revoked/suspended)

QUESTIONS MUST BE ANSWERED. If any of the following questions (4-10) are answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

4. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, etc.).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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5. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? (A) Please provide a full explanation (use separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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6. Within the past five years, have you been disciplined by any entity? (A) Please provide a full explanation and any associated orders or letters from the entity (use separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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7. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist. If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<p>8. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist.</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>9. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist.</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>10. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

11. AFFIDAVIT OF APPLICANT

I have carefully read the laws and regulations related to the practice of audiology and speech-language pathology. I hereby agree to abide by and remain current with the applicable laws and regulations which are available on www.dhp.virginia.gov.

I certify by entering my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Signature of Applicant