



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

**BOARD OF SPEECH/LANGUAGE PATHOLOGISTS,
AUDIOLOGISTS AND HEARING AID DISPENSERS**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR SPEECH/LANGUAGE PATHOLOGY LICENSE INSTRUCTION SHEET

General Information

How you apply for Speech/Language Pathology licensure in Delaware depends on whether you have completed your Clinical Fellowship (CF), whether you have received your ASHA certification and whether you hold a *current* license in another jurisdiction (state, U.S. territory or District of Columbia). Use this table to decide how to apply.

IF you have...	AND IF you...	THEN you...
<i>not</i> completed your CF	--	<i>must</i> apply for a Temporary license.
completed your CF, passed the national exam and <i>either</i> <ul style="list-style-type: none"> • already have your ASHA certification, <i>or</i> • your ASHA certification is in process 	do <i>not</i> hold a <i>current</i> license in another jurisdiction	<i>must</i> apply by ASHA Certification.
	hold a <i>current</i> license in another jurisdiction	may choose to apply by ASHA Certification <i>or</i> by Reciprocity. Review the sections on ASHA Certification and Reciprocity below to decide which documentation you prefer to submit.

Requirements for All Applicants

The following requirements apply to all applicants regardless of whether applying for a permanent or temporary license:

- Submit completed, signed and notarized [Application for Speech/Language Pathology Licensure](#).
- Enclose fee by check or money order made payable to "State of Delaware." If you are applying for a Temporary license, enclose the [temporary license fee](#). Otherwise, enclose the [processing fee](#) for Speech/Language Pathology.
- If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of licensure from each jurisdiction where you have held a license, sent *directly* from the jurisdiction to the Board office. These verifications are required even if you previously submitted verifications in connection with an earlier application.
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

Additional Requirements for Applicants for Temporary Licensure

If you are applying for a Temporary license, these items are also required. The temporary license is good for one year, during which you should complete your CF and pass the national examination. The Board must approve any extension of the temporary license.

- Arrange for the Board office to receive an official transcript from an accredited college or university, sent *directly* from the school to the Board office.
 - The transcript must show that that you earned at least a master's degree or its equivalent with major emphasis in speech-language pathology, communication disorders or speech-language and hearing science.
 - If the final transcript showing your degree is not yet available, arrange for the Board office to receive a letter from a school official attesting to the degree that you will receive. Although the Board will review your application with only this letter, the Board office will *not* issue the temporary license until it receives the final transcript.
- Arrange for the Board office to receive a letter from your practicum supervisor, sent directly from the supervisor to the Board office, showing that you have completed at least 400 clock hours of supervised clinical practicum at the appropriate level. See Sections 2.2 and 2.5.1.3.1 of the Board's [Rules and Regulations](#).
- Arrange for the Board office to receive a signed, completed *Clinical Fellowship Plan* form.
 - Your clinical supervisor must be a Delaware-licensed Speech/Language Pathologist.
 - Do not begin your Clinical Fellowship until your temporary license is issued.

Additional Requirements for Applicants by ASHA Certification

If you have *completed* your CF, *passed* the national examination, and *received* your ASHA certification, you may apply for a permanent Speech/Language Pathology license based on ASHA certification by meeting the requirements listed below in addition to the documentation in the **Requirements for All Applicants** section above.

- Submit a copy of your **current** ASHA certification card.
- Arrange for the Board office to receive an official score report showing that you passed the *Praxis*[™] Speech/Language Pathology national examination, sent directly from the testing service to the Board office.
 - If you did not order a score report for Delaware when you took the exam, click [Praxis: For Test Takers: Scores](#) to order an additional score report.
- If you did not previously submit a transcript in connection with an application for a Delaware Temporary license, arrange for the Board office to receive an official transcript from an accredited college or university, sent *directly* from the school to the Board office.
 - The transcript must show that that you earned at least a master's degree or its equivalent with major emphasis in speech-language pathology, communication disorders or speech-language and hearing science.
- If you did not previously submit documentation of your clinical practicum in connection with an application for a Delaware Temporary license, arrange for the Board office to receive a letter from your practicum supervisor, sent directly from the supervisor to the Board office, showing that you have completed at least 400 clock hours at the appropriate level. See Sections 2.2 and 2.5.1.3.1 of the Board's [Rules and Regulations](#).

Additional Requirements for Applicants by Reciprocity

If you hold a *current* license in another jurisdiction, you may apply for a permanent Speech/Language Pathology license based on reciprocity by meeting the requirements listed below in addition to the documentation in the **Requirements for All Applicants** section above.

- Submit a copy of your **current** ASHA certification card.
- If you have five years of post-licensure experience in the practice of speech pathology in any single jurisdiction where you hold a *current* license, arrange for the Board office to receive a **notarized** letter from your supervisor at each employer where you practiced in that jurisdiction. The letters must verify a total of five years of experience.
- If you do **not** have five years of post-licensure experience in the practice of speech pathology in any single jurisdiction where you hold a *current* license, arrange for the Board office to receive a copy of the current laws and regulations on speech pathology licensure from *each* jurisdiction where you hold a *current* license.
 - The Board will determine whether any of the jurisdictions' licensure standards are substantially similar to those of Delaware. If any jurisdiction is substantially similar, you may be licensed by reciprocity. However, if none of the jurisdictions' standards is substantially similar to Delaware's standards, you cannot be licensed by reciprocity.
 - If the Board determines that you cannot be licensed by reciprocity, you may submit the documentation in the **Additional Requirements for Applicants by ASHA Certification** section above.



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APPLICATION FOR SPEECH/LANGUAGE PATHOLOGY LICENSE

TYPE OF APPLICATION

1. Select the type of license you are applying for.

- Temporary – I have not completed a Delaware Clinical Fellowship. Skip to the IDENTIFYING AND CONTACT INFORMATION section.
- ASHA Certification – I have completed my Clinical Fellowship, passed the national examination and *either*
- I have my ASHA certification, *or*
- My ASHA certification is in process.
- Reciprocity – I hold a *current* license in another jurisdiction (state, U.S. territory or District of Columbia), have passed the national examination, and have my ASHA certification. Skip to the IDENTIFYING AND CONTACT INFORMATION section.

2. Do you hold a Delaware Temporary license? Yes No If yes, enter the license number: **04** - _____

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

3. Full Name: _____
Last First Middle

4. Other Names Used: _____ None
Include maiden, former married, alternate spellings.

5. Date of Birth (month/day/year): _____ Gender: Male Female

6. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Mailing Address: _____

City State Zip

8. Phone: _____ Home Work Email: _____ None

EDUCATION – All applicants complete this section.

9. Enter the following information about your speech/language pathology education:

COLLEGE/UNIVERSITY	LOCATION	MAJOR	DEGREE	YEAR DEGREE RECEIVED

If you are applying for a Temporary license or for a permanent license by ASHA Certification, arrange for the Board office to receive an official transcript from an accredited college or university, sent *directly* from the school to the Board office.

10. Have you passed the *Praxis*™ Speech/Language Pathology national examination? Yes No

If you are applying for a Temporary license, you have a year to pass the national examination. When you have passed the exam, arrange for the Board office to receive an official score report sent directly from the testing service to the Board office. If you're applying for a permanent license by ASHA Certification and the Board office does not already have your exam scores, arrange for the Board office to receive an official score report.

CERTIFICATION & LICENSURE HISTORY – All applicants complete this section.

11. Do you hold current ASHA certification? Yes No **If yes, submit a copy of your current ASHA certification card.**

12. Are you currently in the process of obtaining ASHA certification? Yes No If yes, provide the date of application:_____.

13. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes No If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g., active)

Arrange for each jurisdiction listed to send a verification of licensure *directly* to the Board office.

EXPERIENCE – Only applicants by reciprocity complete this section.

14. Do you have five years experience in the practice of speech pathology in any *single* jurisdiction where you hold a *current* license? Yes No

- If yes, list the employer(s) where you practiced in that jurisdiction and arrange for the Board office to receive a *notarized* letter from your supervisor at each employer. The letters must verify a total of five years of experience in the jurisdiction.**

NAME OF EMPLOYER	LOCATION	DATES OF EMPLOYMENT	
		From	To

- If no, arrange for the Board office to receive a copy of the current laws and regulations on speech pathology licensure from *each* jurisdiction where you hold a *current* license.**

CLINICAL PRACTICUM AND FELLOWSHIP PLAN – Only applicants for a Temporary license or for a permanent license by ASHA Certification complete this section.

15. Have you completed 400 clock hours of supervised clinical practicum at the appropriate level? Yes No If yes, enter name of clinical practicum supervisor: _____

Arrange for the Board office to receive a letter from your practicum supervisor, sent directly from the supervisor to the Board office, attesting that you have completed the required hours at the appropriate level if you are applying for a

- temporary license, or**
- permanent license by ASHA Certification and the Board office does not already have documentation of your practicum.**

16. Enter the following information about the clinical supervisor for your Clinical Fellowship.

Name: _____ License: _____

If you are applying for a Temporary license, arrange for the Board office to receive a signed, completed *Clinical Fellowship Plan* form, sent directly from the clinical supervisor to the Board office.

DISCLOSURES – All applicants complete this section.

17. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No **If yes, submit a signed statement explaining fully.**

Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. The State Bureau of Identification will send the reports directly to the Board office. This requirement applies even if you answered “No” to this question.

18. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, enclose a complete explanation and any documentation related to the charges.**

19. Have you ever had your license or certificate to practice speech language pathology, audiology or hearing aid dispensing suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes No **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**

20. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

21. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes No **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**

22. Do you have any impairment related to drugs or alcohol that would limit your practice of speech/language pathology, audiology or hearing aid dispenser? Yes No **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**

DUTY TO REPORT – All applicants complete this section.

23. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 *Del. C.* §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

24. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

25. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report if you have evidence that a practitioner has violated the Code of Ethics (Section 9.0 of the Rules and Regulations) or other law or regulation.

I certify that I have read and understand Section 9.2.1.6 of the [Rules and Regulations](#) and understand my *duty to report*. Yes No

26. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report if you have evidence that a person is practicing the profession without a license in violation of 24 *Del. C.* §3707.

I certify that I have read and understand Section 9.3.2.2 of the [Rules and Regulations](#) and understand my *duty to report*. Yes No

To ensure that your application will be reviewed at the Board's next meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I swear that I am the person who executed this application; that the statements herein contained are true in every respect, that I have not suppressed or withheld information that might affect this application; that I will abide by the ethical standards of the profession; and that I have read and understand this statement.

Signature of Applicant: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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CLINICAL FELLOWSHIP PLAN (CF)

INSTRUCTIONS

Applicants for a Temporary Speech/Language Pathology license must arrange for the Board office to receive this *Clinical Fellowship Plan* form signed by *both the applicant and the clinical fellowship supervisor*. The clinical fellowship supervisor must be a Delaware-licensed Speech/Language Pathologist. If more than one clinical supervisor will supervise the applicant, submit a form from **each** supervisor. Both the applicant (clinical fellow) and the clinical fellowship supervisor should retain a copy of this plan. **Do not begin your Clinical Fellowship until your temporary license is issued.**

INFORMATION ABOUT CLINICAL FELLOW

1. Full Name: _____
Last First Middle
2. Mailing Address: _____
City State Zip
3. Phone: _____ Email: _____
Home Work

INFORMATION ABOUT CLINICAL FELLOWSHIP SUPERVISOR

4. Full Name: _____
Last First Middle
5. Mailing Address: _____
City State Zip
6. Phone: _____ Email: _____
Work Cell
7. Delaware License Number: O1 - _____

CLINICAL FELLOWSHIP SETTING

8. Facility Name: _____
9. Mailing Address: _____
City State Zip
10. Phone: _____ Email: _____
11. Is this registration agreement for only a portion of clinical fellowship? Yes No

CLINICAL FELLOWSHIP PROFESSIONAL EXPERIENCE

12. Enter the length of the clinical fellowship experience and number of hours per week:

- 36 weeks of full-time professional employment of at least 30 hours per week.
- 72 weeks of part-time professional employment of at least 25 hours per week.

13. Will the clinical fellow spend at least 80% of the clinical fellowship week in direct client contact (including assessment/diagnosis/evaluation, screening, habilitation/rehabilitation) and activities related to client management?

Yes No

CLINICAL FELLOWSHIP SUPERVISION

14. Both the clinical fellow and clinical fellowship supervisor certify to the following:

- There will be at least 36 supervisory activities during the entire clinical fellowship, including 18 hours of on-site observation and 18 other monitoring activities.
- Clinical fellowship supervision will be divided equally among three segments. During each one-third segment of the clinical fellowship, there will be at least 6 hours of on-site observation and at least one other monitoring activity per month. Yes No

SUPERVISOR AGREEMENT

- I have read, discussed, and agreed upon all sections listed above. I have read the ASHA [Clinical Fellowship Supervisor's Responsibilities](#).
- I agree to conduct one formal evaluation during each one-third segment of the clinical fellowship.
- I agree to approve/disapprove, sign, and submit proof of completion, either a copy of the ASHA Clinical Fellowship Report or a letter of verification, to the Board office at least 30 days before the clinical fellow's Temporary license expires.
- I agree to fulfill this responsibility even if I am not able to approve the clinical fellowship experience.

Signature of Supervisor: _____ **Date:** _____

CLINICAL FELLOW AGREEMENT

- I have read, discussed, and agreed upon all sections listed above.
- I have verified that my supervisor holds a current Delaware license in the area in which I am seeking certification. I further agree to assume full responsibility for an invalid clinical fellowship experience if it is later determined that this is not correct.
- I have read and agree to abide by the Code of Ethics listed in the Board's [Rules and Regulations](#).
- I understand that I cannot begin my Clinical Fellowship until my temporary license has been issued.

Signature of Clinical Fellow: _____ **Date:** _____

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.