



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

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

OFFICIAL USE ONLY

Transcript _____	CFY Completed _____	\$ _____
Practicum _____	High School Diploma _____	Processing.
Exam Scores _____	ASHA CCC _____	\$ _____
CYF Plan _____	Other License(s) _____	Temporary License
Sponsor Affidavit _____	Verification(s) _____	
Temp. License Issued _____	Permanent License Issue _____	
Temp. License Number _____	License Number _____	

I. APPLICATION FOR:

(Check one specialty)

- Speech/Language Pathology**
- Audiology**
(Must have Hearing Aid License to dispense)
- Hearing Aid Dispenser**

(Check one licensure)

- Permanent License**
- Temporary License**
(HAD under Supervision)
(AUD/SLP completing CFY)

Name: _____
Last First M.I.

Address: _____
City State Zip

Contact: _____
Telephone Email

Social Security Number: _____

Employer: _____ Telephone: _____

Address: _____
City State Zip

II. EDUCATION

College/University	Location (State)	Degree/Major	Year Conferred
_____	_____	_____	_____
_____	_____	_____	_____

III. PROFESSIONAL EXPERIENCE *(List Current or Most Recent Position First)*

Employer Name	Address	Position/Title	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. LICENSURE

In which State(s), District of Columbia or territory of the United States have you been licensed?
Send a verification request to each.

1. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
2. 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 giving a complete explanation. Include copies of all appropriate records.**
3. 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? Yes No **If yes, submit a certified copy of your criminal history record.**
4. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
5. 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 giving a complete explanation. Include copies of all appropriate records.**

To assure consideration of your license application at the next Board 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 six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-8 weeks to receive your license.

V. 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.

Applicant's Signature

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____

Signature of Notary