



INITIAL APPLICATION FOR PAID CLINICAL EXPERIENCE (PCE) Temporary Permit - Speech

or

REQUIRED PROFESSIONAL EXPERIENCE (RPE) Temporary Permit- Audiology

Georgia State Board of Speech-Language Pathology/Audiology

237 Coliseum Drive * Macon, GA 31217

Phone (404) 424-9966 * [Board of Speech Pathology and Audiology](#) | [Georgia Secretary of State \(ga.gov\)](#)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech-Language Pathology/Audiology in the State of Georgia. Please visit the Board's website for information.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Please mail in a 9 X 12, or larger, envelope with pages unfolded and unstapled. Incomplete applications result in delayed processing. Incomplete applications are void and withdrawn after sixty (60) days pursuant to administrative policy.

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- APPLICATION:** The application must be mailed to the Board office at the address listed above. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions, charges, or sanctions by another state licensing board. Approval of licensure is at the Board's discretion. If your PCE is within the school system, you must submit school calendars for the current and upcoming year. ***PCE or RPE CANNOT begin until licensure has been approved and license has been issued.***
- FEE:** The non-refundable application fee payable to Georgia State Board of Speech-Language Pathology/Audiology must be included with application. *Application fee includes a \$10 mail in application processing fee*
- COLLEGE TRANSCRIPTS:** Transcripts are required & must include the degree and date conferred. Transcripts are not required for applications based on ASHA certification or Endorsement.
- CLINICAL CLOCK HOURS:** Applicants for Examination/PCE or RPE must submit a copy of clinical practicum hours with an appropriate signature from an academic institution.
- DOCUMENTATION OF COMPLETION OF PCE or RPE:** Applicant must submit a completed Documentation of Completion form, which can be downloaded from our website, along with an application, required fee & any other required documentation in order to be considered for a permanent license.
- SUPERVISOR:** Must be a Georgia licensed Speech-Language Pathologist or Audiologist who is licensed in the area(s) for which the PCE/RPE Fellow seeks experience.



GEORGIA STATE BOARD OF SPEECH-LANGUAGE PATHOLOGY and AUDIOLOGY

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APPLICATION FOR:

PCE License (SLP)

(Select one)

RPE License (Audiology)

Non-Refundable application fee **\$40.00** *(includes a \$10 application processing fee)*

(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20)

Applicant is applying for above referenced license by:

Examination

PERSONAL INFORMATION:

Name: _____
Last Middle First

Name as shown on exam records or transcripts (if different):

Last Middle First

Email Address

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Physical Address

Number and Street Apt. No City/State Zip
(P.O. Box not acceptable)

Mailing Address (if different):

(A P.O. Box IS Acceptable) _____
Number and Street(P.O. Box) Apt. No City/State Zip

Day Phone Number

Evening Phone Number

Cell Number

***Social Security Number**

Date of Birth

**(This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)*

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

PROFESSIONAL BACKGROUND:

Check yes or no – If yes is checked, you must send copies of legal documents and a detailed explanation.

- 1. Yes No Are you unable to practice safely because of use of alcohol or other drugs?
- 2. Yes No Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- 3. Yes No Have you ever had a professional license revoked, suspended, annulled, or otherwise sanctioned, including by private order, by any Board or agency in Georgia or any other state, territory, or country?
- 4. Yes No Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- 5. Yes No Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- 6. Yes No To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- 7. Yes No Have you been convicted of any criminal offense?

8. Yes No Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. You must also print and submit the “Background Consent Form” or processing of your application may be delayed.

If “yes,” please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

- 9. Yes No Have you been the defendant in malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- 10. Yes No Have you previously applied for the same license for which you are currently applying?
If "yes", name under which application was submitted: _____
- 11. Yes No Do you now hold or have you ever held a license as a Speech-Language Pathologist or Audiologist in any state/jurisdiction?
If “yes” complete the following:

Type of license: Speech Audiology

State/Jurisdiction _____ License No. _____

Date issued _____ Expiration _____

EDUCATION:

List all colleges and/or universities attended and the dates your degrees were conferred:

College/University: _____

Degree/Date: _____ Major: _____

College/University: _____

Degree/Date: _____ Major: _____

EMPLOYMENT:

Name of Employer (contract agency, school system, hospital, etc.): _____

Employment site address and Name of Facility of applicant: _____

Street	City	State	Zip Code
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Proposed PCE/RPE dates: Beginning: _____ Ending: _____
(month/day/year) (month/day/year)

Number of hours worked per week: _____

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s)** such as driver’s license, passport, or other document as indicated on the listing of acceptable documents on the website.

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.** list of acceptable documents on the website.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____(city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20____

Notary Seal

Notary Public

My Commission Expires: _____

LETTER TO THE PCE or RPE, and SUPERVISOR

Dear PCE or RPE Applicant/Fellow:

It is very important that you read the rules of the Georgia Board of Speech-Language Pathology and Audiology, specifically, Board Rule 609-3-.02. This rule has vital information relative to your PCE or RPE license. **Please review these Rules with your PCE or RPE supervisor and make certain each of you understands your responsibilities.**

The Georgia Board of Speech-Language Pathology and Audiology grants the PCE or RPE temporary license for the purpose of practicing during the paid clinical experience or the required professional experience. **The PCE or RPE CANNOT begin until the application for licensure has been approved and the license has been issued.**

The PCE or RPE Fellow must notify the Georgia Board of Speech-Language Pathology and Audiology in writing within 14 days of any changes in the PCE or RPE during the approved period. This should be submitted on the Changes to the PCE or RPE application form.

A person who fails to apply for and be approved for a PCE or RPE temporary license shall be considered **practicing without a license** and may be subject to sanctions under Title 43 of the Official Code of Georgia Annotated.

A **PCE or RPE supervisor** who allows a person to practice without a PCE or RPE temporary license may be subject to disciplinary actions or sanctions under Title 43 of the Official Code of Georgia Annotated.

Completion of the RPE is NOT required of a Doctor of Audiology who graduated from an ASHA accredited school after 2007.

SUPERVISOR:

Name of Supervisor:

First	Middle	Last
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Employment address of Supervisor:

Name of Facility

Street	City	State	Zip Code
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License Number:

Georgia License number: _____ Expiration Date: _____

List license numbers of all PCE or RPE Fellows you are currently supervising: _____;
_____; _____; _____

Signature of Applicant	Date	Signature of Supervisor	Date
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