



Application for Licensure as a Speech Language Pathologist or Audiologist

GEORGIA STATE BOARD OF SPEECH LANGUAGE PATHOLOGY/AUDIOLOGY

237 Coliseum Drive, Macon, Georgia 31217

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

Provided below is a checklist containing all the things you must do to receive consideration for issuance of a Georgia Speech Language Pathology/Audiology License. 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. Visit the Board's web site for additional 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. Incomplete applications result in DELAYED processing. Incomplete applications are withdrawn after sixty (60) days pursuant to administrative policy, applicant must submit a new application, fee and supporting documents.

NOTE: There are 3 methods by which you can obtain SLP or AUD licensure:

*(*All application fees include a \$10 mail in application processing fee)*

IF APPLYING BY “APPLICATION BY CERTIFICATION” (ASHA CCC’S):

The following documents are required:

- ☐ Completion of Application
- ☐ *Fee: \$120
- ☐ Background Consent Form
- ☐ ASHA Verification of Certification sent directly to the board office
- ☐ 2.0 CEU (20 Contact hours) If effective date of certification is not within the two years prior to the date of application

IF APPLYING BY “ENDORSEMENT”:

The following documents are required:

- ☐ Completion of Application
- ☐ *Endorsement Fee: \$120
- ☐ Out of State License Verification
- ☐ Background Consent Form

IF APPLYING BY “APPLICATION/EXAMINATION” (COMPLETION OF PCE OR RPE)

The following documents are required:

- ☐ Completion of Application
- ☐ *Fee: \$120
- ☐ Documentation for Completion of Paid Clinical Experience or Required Professional Experience
- ☐ Praxis Scores
- ☐ Out of State License Verification
- ☐ Background Consent Form

Please note: If you have ever held a license in another state, you will need to contact the State Board(s) and have them send license verification directly to our office. This is required regardless of method by which you are obtaining licensure.



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1. All application fees are non-refundable and include a \$10 mail in application processing fee. All applications and fees must be mailed to:

Georgia State Board of Speech Language Pathology/Audiology
237 Coliseum Drive
Macon, GA 31217

2. The two-page application must be mailed to the Board office at the address listed above along with the required fee. Please mail your application in a 9X12, or larger envelope with pages unfolded and unstapled. All questions must be answered.
3. Any background questions answered “yes” will require submission of further documentation. Applicant must submit copies of official court documents and an explanation. If applicant has had any criminal convictions, charges, or sanctions by another state licensing board, please submit documentation mentioned above. These applications are forwarded to the board for review and approval of licensure is at the Board’s discretion.
4. Applicants applying by “Application by Certification” (ASHA CCC’s) must submit the form titled “Verification of Certification” and it must be sent directly to the board. If the effective date of certification is not within (2) two years from the date of application you must provide 20 contact hours of continuing education, within the past two years. Please provide certification along with course outline/description.
5. Applicants applying by “Application/Examination” (PCE or RPE) must submit an original report of the Praxis scores. The scores **MUST be received** no later than 2 years from the beginning date of your PCE or RPE. Please be sure to select the appropriate code with ETS to have your PRAXIS scores sent to the Georgia Board. If you do not select the appropriate code, your scores will not be sent to our office. **It is the licensure candidates’ responsibility to assure that his/her PRAXIS scores are sent to the Georgia Board.**
6. Applicant applying by “Endorsement” must contact each state in which they hold, or have held, a Speech Language Pathology/Audiology license and have them provide verification of licensure directly to the Georgia Board Office. Please verify your state is a state approved for endorsement in Georgia. The list can be viewed on our website by accessing the Frequently Asked Questions. Please review the Frequently Asked Questions available on the website: <https://sos.ga.gov/board-speech-pathology-and-audiology>. If your state is not on the list, you must obtain licensure by another method.

Paid Clinical Experience (PCE) or Required Professional Experience (RPE) - You are not required to have obtained your ASHA CCC’s to obtain SLP/AUD licensure. You may obtain licensure based on completion of a PCE/RPE.

***NATIONWIDE FINGERPRINT BACKGROUND CHECK RESULTS:** Each applicant for licensure as a Speech-Language Pathologist or Audiologist shall register and provide fingerprints for a nationwide criminal background check to be conducted at the applicant’s expense. **The instructions and vendor** for the background check can be found with the documents on the Board’s website (same location you downloaded this application from) and linked to on the on the Board’s homepage - “Background Fingerprint Instructions.” SLP Aides and Audiology Assistants are not required to be fingerprinted.

****NOTE: This is a new requirement under O.C.G.A. 43-44-6(a)(14) and O.C.G.A. 43-44-8(a)(6). Failure to comply with this requirement will delay the processing of this application for licensure and may result in the application being denied.***

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

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[Board of Speech Pathology and Audiology | Georgia Secretary of State \(ga.gov\)](http://Board of Speech Pathology and Audiology | Georgia Secretary of State (ga.gov))

APPLICATION FOR:

☐ **Speech Language Pathologist**

-or-

☐ **Audiologist**

Application Fee Is Non-Refundable

(Application fee includes a \$10 mail in 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:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Examination | <input type="checkbox"/> \$120 |
| <input type="checkbox"/> Endorsement | <input type="checkbox"/> \$120 |
| <input type="checkbox"/> ASHA | <input type="checkbox"/> \$120 |

PERSONAL INFORMATION:

Name: _____
 Last First Middle Initial/Maiden Name

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

 Last First Middle Initial/Maiden Name

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

Mailing Address (if different): _____
 P.O Box/Number and Street Apt. No City/State Zip

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. PLEASE PRINT YOUR E-MAIL ADDRESS CLEARLY

 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.

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:	<input type="checkbox"/> Speech	<input type="checkbox"/> Audiology
State/Jurisdiction	_____	License No. _____
Date issued	_____	Expiration _____
	<input type="checkbox"/>	<input type="checkbox"/>
Type of license:	<input type="checkbox"/> Speech	<input type="checkbox"/> Audiology
State/Jurisdiction	_____	License No. _____
Date issued	_____	Expiration _____

Please contact all State Boards in which you have ever been issued a license and have them send license verification directly to our office: GA SLPA Board, 237 Coliseum Drive, Macon, GA 31217-3858

NOTE: New for 2023 and forward: Fingerprint Background Check is required. See page 1 of the instructions. Once you have submitted the application for licensure, register for the background check and wait for Board approval to complete the check

AFFIDAVIT OF APPLICANT

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 Georgia State Board of Speech Language Pathology and Audiology (SLPA) and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the listing of acceptable documents on the site**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older 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.** See list of acceptable documents on the site

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of SLPA and/or criminal prosecution.

My signature below certifies that all information on this application is complete and correct to the best of my knowledge and belief. I acknowledge that all statements made on this application concerning my qualifications and training are subject to verification by the Georgia State Board of Examiners for Speech-Language Pathology and Audiology. I understand that as a Speech-Language Pathology Aide I may only provide those services authorized by the Georgia State Board of Examiners for Speech-Language Pathology and Audiology.

Date

Signature of applicant

Sworn to and subscribed before me this

_____ day of _____, 2_____. My commission expires on: _____

Notary Public

Notary Seal