



Online Instructions

Initial Application for Speech-Language Pathologist License

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A PERMANENT LICENSE TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGIST IN ALASKA.** The following must be received by the division before your application can be reviewed:

1. A COMPLETED ONLINE APPLICATION, INCLUDING PAYMENT OF FEES

Nonrefundable Application Fee: \$200.00

License Fee: \$70.00

Total Fees Due: \$270.00

Note: You may only pay with a credit card when submitting an online application. The online application is not complete until you have completed the credit card payment online.

2. VERIFICATION OF TRAINING

A certified true copy of the ASHA Certificate of Clinical Competency in speech-language pathology or an original Verification of Certification sent directly from ASHA.

3. VERIFICATION OF LICENSE

Verification of licensure form (#08-4405c) from each U.S. state in which the applicant holds or has held a license to practice as a speech-language pathologist.

LICENSE STATUS:

Licenses are issued for a two-year period and expire on **September 30** of **EVEN**-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.gov under License Search.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov* or contact the Division for a copy of the form.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Audiologist and Speech-Language Pathologist Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: AudiologistAndSpeechLanguagePathologists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/AudiologistsAndSpeech-LanguagePathologists

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a speech-language pathologist license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:			Date of Birth:
Email:			
Signature:			Date Signed:



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Audiologist and Speech-Language Pathologist Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: AudiologistAndSpeechLanguagePathologists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/AudiologistsAndSpeech-LanguagePathologists

Verification of Speech-Language Pathologist License



Applicant:

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

Applicant Name:		Date of Birth:	
Mailing Address:	P.O. Box or Street	City	State Zip
Applicant Signature:		Date Signed:	



**Licensing Agency
or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Audiologist and Speech-Language Pathologist Program at the letterhead address.

Licensee Name: (As Shown in Your Records)		License Number:	
Original Issue Date:		Expiration Date:	
License Status:	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other: _____		
Issued By:	<input type="checkbox"/> Exam (Date: _____) <input type="checkbox"/> Credentials <input type="checkbox"/> Other: _____		
Has there been any final disciplinary action taken against this licensee? (If yes, please provide a copy of the disciplinary action document)			
Derogatory Information, If Any:			
Board Seal	Board/Agency Name:		
	Printed Name:	Title:	
	Signature:	Date Signed:	