



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

Speech-Language Pathologist Assistant Registration Application Instructions

In accordance with AS 08.11.042(a), a person may not practice as a speech-language pathologist assistant in the state without registration under AS 08.11.

The following items must be on file with our office before your application for speech-language pathologist assistant registration will be reviewed:

1. APPLICATION

A completed, signed application (#08-4094, pages 1-3).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$250.00
Speech-Language Pathologist Assistant Registration Fee:	\$225.00

TOTAL FEES DUE **\$475.00**

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4094a).

4. OFFICIAL TRANSCRIPT

An official transcript of an associate of applied science degree in disabilities with a speech-language support emphasis from an accredited education institute or a bachelor's degree in speech-language pathology from an accredited institution.

5. VERIFICATION OF TRAINING

Satisfactory proof of the applicant having successfully completed 100 hours of field work supervised by a licensed speech-language pathologist, in accordance with AS 08.11.043(a)(2). This information should be documented with your transcript. If you received supervised field work through a university program, submit form #08-4094b.

OR-

If you received supervised field work outside of a university program, submit form #08-4094d.

6. VERIFICATION OF LICENSURE

A completed Verification of Licensure form (#08-4094c) from each U.S. state in which the applicant holds or has held a license to practice as a speech-language pathologist assistant. Make additional photocopies of the form, if necessary.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

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.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

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.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document.” To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

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 Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

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.

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.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

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)

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 specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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Speech-Language Pathologist Assistant Registration Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$250.00
	<input type="checkbox"/> Speech-Language Pathologist Assistant Registration Fee	\$225.00

PART II Personal Information

Full Legal Name:				
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.				
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____				
Mailing Address:	P.O. Box or Street	City	State	Zip
Residence Address:				
Birth Date: (mm/dd/yyyy)		Contact Phone:		
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.				
Email Address:				<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.				

PART III Education/Graduate Education

List accredited college or university attended where associate of applied sciences or bachelor's degree in speech-language pathology was received. Please have official transcripts sent DIRECTLY to the Division.

Name of School	Location	Dates Attended		Degree	Date Awarded
		From:	To:		
		From:	To:		
		From:	To:		

PART IV Professional Activities

List all current and previous speech-language pathology assistant licenses held in any municipality, state, territory, or country. If none, write N/A. Ensure verifications are sent to the Division directly from the governing body.

Municipality/State/Territory/Country	License Number	Issue Date	Status	Issued By
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity

PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an **explanation and documentation**. Provide your explanation on a separate sheet of paper labeled with your name and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

If you answer "Yes" to questions 3, 4 or 5, you must also submit a statement from your health care provider indicating your ability to safely practice speech-language pathology. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed. When in doubt about your response, disclose and provide the required explanation and documents.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

- Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No
- Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No
- Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness? Yes No
- Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? Yes No
- Within the past five years, have you had, or do you have a physical disability which may impair or interfere with your ability to practice speech-language pathology? Yes No

"Yes" Answers

If you answered "Yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).



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Signature Page

Applicant Name:	
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PART VI Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant's Signature:	Date Signed:	
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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records, and any 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.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

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 my application for initial issuance of a registration as a speech-language pathologist assistant. This authorization expires one (1) year from the date of my signature below.

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



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Verification of 100 Hours of Supervision

(For applicants who completed field work hours through a university program)

→ **Applicant:**

Please complete the identifying information below and forward this form to the registrar of the college or university where you earned your degree. The information requested below must be officially verified by the college or university. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II, the college or university must return the form directly to the State of Alaska.

Full Legal Name:		Birth Date: (mm/dd/yyyy)	
Mailing Address:			
Phone Number:			
Applicant Signature:		Date Signed:	

→ **Registrar:**

Please provide the information requested below, and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a verification letter on college or university letterhead that provides approximately the same information. This form may be submitted with the transcript to the division as part of his/her speech-language pathologist assistant application requirements.

Applicant's Name:			
Name of College or University:		Date of Graduation:	
Degree Type: (Include Major/Minor)			
I hereby certify that the applicant graduated from the above-named college or university with the degree, and on the date, listed above. As part of the degree program, the above-referenced student successfully completed 100 hours of field work supervised by a licensed speech- language pathologist as evidenced by the following:			
Class Name:		Number of Hours:	
Supervisor Name:		SLP License Number:	
Comments:			
COLLEGE OR UNIVERSITY SEAL	Signature of Registrar:		Date Signed:
	Phone Number:		



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Verification of Speech-Language Pathologist Assistant License or Registration

Please complete the identifying information below and forward a copy of this form to each jurisdiction where you previously were or currently are licensed or registered to practice as a speech-language pathologist assistant. The information requested below must be officially verified by the agency or board that issued the license. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II, the licensing agency will return the form directly to the State of Alaska.

→ **Applicant:**

Full Legal Name:		Birth Date: (mm/dd/yyyy)	
Mailing Address:			
License Number:			
Applicant Signature:		Date Signed:	

The above-named individual is applying for registration as a speech-language pathologist assistant in Alaska. Please provide the information requested below, and **return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page.** The verification is not to be returned to the applicant.

→ **Licensing Agency or Board:**

Licensee Name: (As Shown in Your Records)			
License Number:		Birth Date:	
Original Issue Date:		Expiration Date:	
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 (Please Specify): _____		
Has there been any final disciplinary action taken against this licensee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List Derogatory Information, If Any:			
(BOARD SEAL)	Board/Agency Name:		
	Signature:		Date Signed:
	Printed Name:		Title:



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Verification of 100 Hours of Field Work

(For applicants who completed hours outside of a university program)

→ **Applicant:**

Please complete the identifying information below. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Hours must be completed under the supervision of a speech-language pathologist licensed in Alaska.

Full Legal Name:		Birth Date: (mm/dd/yyyy)	
Mailing Address:			
Phone Number:			
Applicant Signature:		Date Signed:	

→ **Supervisor:**

Please provide the information requested below, and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant.

Applicant's Name:		Number of Hours:	
I hereby certify that the above-named applicant has completed the hours listed above under my supervision.			
Comments:			
Supervisor Signature:		Date Signed:	
SLP License Number:		Phone Number:	



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):	AMOUNT
<input type="checkbox"/> Application Fee: _____	_____
<input type="checkbox"/> License or Renewal Fee: _____	_____
<input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.):	
1. _____	_____
2. _____	_____
TOTAL:	_____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>