



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
**AUDIOLOGY/SPEECH-LANGUAGE PATHOLOGY SECTION**  
State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 ★ Fax: (907) 465-2974  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [ProfessionalLicense.Alaska.Gov/AudiologistAndSpeechLanguagePathologists](http://ProfessionalLicense.Alaska.Gov/AudiologistAndSpeechLanguagePathologists)

## **SPEECH-LANGUAGE PATHOLOGIST LICENSE APPLICATION PACKET**

"Unless a person is licensed as a speech-language pathologist under this chapter, the person may not (1) practice speech-language pathology; (2) use a title indicating or representing that the person practices as a speech-language pathologist; (3) advertise that the person practices speech-language pathology." AS 08.11.100(b).

### **GENERAL INSTRUCTIONS**

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also the applicant's responsibility to request official transcripts and original verifications of licensure to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change. Incomplete or incorrect documents will be returned and will cause delays in processing the application. Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents of not larger than 8 ½" x 11" are preferred.

### **APPLICATION FOR PERMANENT LICENSE**

The following documents and fees must be on file with the division before the file will be reviewed:

1. **APPLICATION** - completed, signed, and notarized, including a recent head and shoulders photograph. The notary's seal must overlie a portion of the photograph. Applicant must be at least 18 years of age as shown on the signed and notarized application. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. **FEES** - Make check or money order payable to the State of Alaska.  
Nonrefundable application fee . . . . \$150      Speech-Language Pathologist license fee . . . . \$150
3. **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.
4. **LICENSE VERIFICATION** - Verification of licensure form (p. 4) from each U.S. state in which the applicant holds or has held a license to practice as a speech-language pathologist. Make additional photocopies, if necessary.
5. **RELEASE** - Completed Authorization for Release of Records form (p. 5).

### **APPLICATION FOR TEMPORARY LICENSE**

A temporary license, for a period of 60 consecutive days, will be issued to an applicant who is a **nonresident**, and who will practice speech-language pathology in Alaska for 60 days or less in a calendar year, **OR** a person, whether resident or not, who is in the process of completing a year of supervised clinical experience for the ASHA CCC-S.

The following documents and fees must be on file with the division before the file will be reviewed:

1. **APPLICATION** – completed, signed, and notarized, including a recent head and shoulders photograph. The notary's seal must overlie a portion of the photograph. Applicant must be at least 18 years of age as shown on the signed and notarized application. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. **FEES** – Make check or money order payable to the State of Alaska.  
Nonrefundable application fee ..... \$150      Speech-Language Pathologist temporary license \$100

3. LICENSE VERIFICATION (for 60-day nonresident license) – Verification of licensure form (p. 4) from each U.S. state or province or foreign country in which the applicant holds or has held a license to practice as a speech-language pathologist (make additional photocopies, if necessary), **OR** certified evidence that the applicant meets the qualifications and requirements for a license under AS 08.11.015 and resides in a state, territory, province, or foreign country that does not license individuals to practice speech-language pathology.
4. TRAINING (for supervised clinical year) – A completed Certification of Being in Clinical Fellowship Year form (p. 3) as certified evidence of being in the process of completing the year of supervised clinical experience required for the ASHA CCC-S.
5. RELEASE – Completed Authorization for Release of Records form (p. 5).

**OTHER FEES**

Wall certificate (suitable for framing), with initial application or subsequent written request .....	\$20
Duplicate license fee (with written request) .....	\$5
Verification of licensure to another state (with written request).....	\$20
Returned check fee .....	\$20
Address change (must be in writing).....	no fee

**GENERAL INFORMATION**

**APPLICATION PROCESSING** - The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

**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 [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) OR contact the division for a copy of the form.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**LICENSE TERM** – Licenses are issued for a two-year period. However, all speech-language pathologist permanent licenses expire 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. The temporary license is issued for either a maximum of 60 consecutive days (for a nonresident working temporarily in the state), or without an expiration date for individuals while within the supervised clinical experience of their clinical fellowship year (CFY) and while their application for their ASHA CCC-S is in process. Upon issuance of the CCCs, the temporary license becomes invalid.

**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.

**ABANDONMENT** - 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 and the application fee is forfeited. 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 license and other fees paid. If no request for refund is received, all fees are forfeited.

**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.

**STATUTES AND REGULATIONS** – The complete set of statutes and regulations for this program is available on the division's website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ). If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.



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**AUD**

For Division Use Only

**SPEECH LANGUAGE PATHOLOGIST LICENSE APPLICATION**

Application for:  Permanent license  Temporary license

Nonrefundable application fee - \$150  
 Biennial license fee - \$150  
 Temporary license fee - \$100

Please fill out each section. Write "N/A" if not applicable.

**Part I: PERSONAL IDENTIFICATION INFORMATION**

Type or Print Legibly

<b>Full Legal Name</b> (Last, First, Middle)	Last	First	Middle
<b>Other Names Used</b> (nick names, maiden name)			
<b>Legal Name Changes</b> (Provide copies of changes)			
<b>Date of Birth</b>	Mo    Day    Year /      /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Mailing Address</b>	Address (Include street address if using post office box, and name if sending to a medical clinic)		
	City	State	Zip Code
<b>Residence Address</b>	Address (Include street address if using post office box)		
	City	State	Zip Code
<b>Telephone</b>	Work:	Home:	
<b>E-Mail (optional)</b>			

**This section is for temporary licensure ONLY/CFY**

Please state planned dates of temporary nonresident practice OR clinical fellowship year (CFY) in Alaska	From (Month / Day / Year)	To (Month / Day / Year)
Name of supervising SLP		AK license #

**Part II: EDUCATION/GRADUATE EDUCATION**

List accredited college or university attended where master's or doctorate in speech-language pathology was received.

Name of School	Location	From (Mo/Yr)	To (Mo/Yr)	Degree/Date Awarded
Name of School	Location	From (Mo/Yr)	To (Mo/Yr)	Degree/Date Awarded

**APPLICANT: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure.**

Social Security Number

**Part III: PROFESSIONAL ACTIVITIES**

List all current and previous speech-language pathologist 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	Date of Issue	Status	Exam or Reciprocity
Municipality/State/Territory/Country	License Number	Date of Issue	Status	Exam or Reciprocity
Municipality/State/Territory/Country	License Number	Date of Issue	Status	Exam or Reciprocity
Municipality/State/Territory/Country	License Number	Date of Issue	Status	Exam or Reciprocity

**Part IV: PROFESSIONAL FITNESS**

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

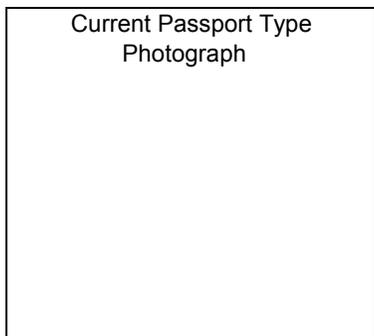
**WHEN IN DOUBT, DISCLOSE AND EXPLAIN!**

**YES NO**

- Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including 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.
- Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?
- 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?
- Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?
- 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?

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) under License Search.

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true and correct and that the photograph below is a true likeness of me taken within the past 60 days. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of, a license to practice speech-language pathology in Alaska.



SIGN HERE

(NOTARY SEAL)

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Notary Public  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH**

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**CERTIFICATION OF BEING IN CLINICAL FELLOWSHIP YEAR**  
(required for temporary license)

Applicant, please give this form to your licensed supervisor for your Clinical Fellowship Year and ensure this form is mailed to the Division. Faxed copies will not be accepted. This form should only be filled out by an Alaska-based speech language pathologist.

I certify that the applicant, \_\_\_\_\_, has graduated  
(Name of Applicant)

with a degree in speech-language pathology, and is (or will be) in the process of completing a year of supervised clinical experience required for a Certificate of Clinical Competence in speech-language pathology from the American Speech-Language Hearing Association.

Dates of Clinical Experience: \_\_\_\_\_ to \_\_\_\_\_.

I am associated with the applicant in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Alaska SLP License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Daytime Phone No.

SUBSCRIBED AND SWORN TO before me on  
\_\_\_\_\_  
(date).

\_\_\_\_\_  
Signature of Notary Public

Notary Public, State of \_\_\_\_\_

(NOTARY SEAL)

My Commission Expires: \_\_\_\_\_

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**VERIFICATION OF SPEECH-LANGUAGE PATHOLOGIST LICENSE**

**Part I**

**Instructions to Applicant:** Type or print the information needed to complete Part I of this form. Forward a verification to each jurisdiction where you previously were or currently are licensed as a speech-language pathologist. The information requested below must be officially verified by the agency or board that issued the license. The blank form may be photocopied for additional requests. 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.

Name \_\_\_\_\_  
Last First Middle Maiden/Other

Mailing Address \_\_\_\_\_  
City State ZIP Code

License # \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**PLEASE DO NOT DETACH**

**Part II**

**Instructions to Licensing Agency or Board:** The above-named individual is applying for licensure as a speech-language pathologist 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. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

Licensee's Name as Shown on your Records: \_\_\_\_\_

License # \_\_\_\_\_ Birthdate \_\_\_\_\_

Original Issue Date \_\_\_\_\_ Current Expiration Date \_\_\_\_\_

Status:  Current  Inactive  Lapsed  Other \_\_\_\_\_

Licensed By:  Exam (Date \_\_\_\_\_)  Credentials  Other, please specify: \_\_\_\_\_

Has there been any final disciplinary action taken against this licensee?  Yes  No

If yes, please provide a copy of the disciplinary action document.

List derogatory information, if any \_\_\_\_\_

(BOARD SEAL)

Board/Agency Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF RECORDS**

To Whom It May Concern:

I, \_\_\_\_\_

residing at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments 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 which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, 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.

I request that upon presentation of this release, or a certified true copy of it, 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 license as a speech-language pathologist. This authorization expires one year from the date of my signature below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_