

Dear Speech-Language Pathology/Audiology Aide:

Attached are the materials you will need to make application to practice as a Speech-Language Pathology/Audiology Aide in the State of Missouri. Included in the packet are:

1. The application with specific instructions for completing it;
2. Documents and Fee page which will help you through the application process;
3. Verification of Registration form (if necessary, make additional copies);
4. Armed Forces of the United States form.

It is suggested that you read the documents and fee page before beginning the process. Next, read the statutes and rules. Besides containing applicant information, this statute governs your professional conduct as a Speech-Language Pathology/Audiology Aide in the State of Missouri. The Speech-Language Pathology/Audiology statutes and rules are located on the Board's website address listed above.

To be eligible for registration by the Board, each applicant shall submit a registration fee, be of good moral and ethical character and;

1. Be at least eighteen years of age;
2. Furnish evidence of the person's educational qualifications which shall be at a minimum;
 - (a) Certification of graduation from an accredited high school or its equivalent and
 - (b) On-the-job training;
3. Be employed in a setting in which direct and indirect supervision is provided on a regular and systemic basis by a licensed speech-language pathologist or audiologist. However, the aide shall not administer or interpret hearing screening or diagnostic tests, fit or dispense hearing instruments, make ear impressions, make diagnostic statements, determine case selection, present written reports to anyone other than the supervisor without the signature of the supervisor, make referrals to other professionals or agencies, use a title other than speech-language pathology aide or clinical audiology aide, develop or modify treatment plans, discharge clients from treatment or terminate treatment, disclose clinical information, either orally or in writing, to anyone other than the supervising speech-language pathologist/audiologist, or perform any procedure for which he or she is not qualified, has not been adequately trained or both.

No application can be considered by the Board until the entire file is complete. Therefore, you should not make any firm commitment to actually begin working until you have received notification of registration in writing from this office. Proof that a Speech-Language Pathology/Audiology Aide has practiced in Missouri before becoming registered, may be grounds for denial of registration.

Please be advised that no application will be processed without a fee. You will be notified in writing, one (1) time if your application is deficient in any way. Therefore, you should allow a minimum of thirty (30) days for processing of your application once that application has been filed with this office.

Please be reminded that it is unlawful to misrepresent any material fact, in any way. You may contact the Board of Healing Arts for assistance by dialing (573) 751-0098, toll free at 866-289-5753 or email at licensure@pr.mo.gov.

Sincerely,
Licensure Section

SPEECH LANGUAGE PATHOLOGY AND/OR AUDIOLOGY AIDE INSTRUCTIONS, DOCUMENTS AND FEE REQUIRED

1. **APPLICATION FEE** \$25.00

Please submit the fee in the form of a cashier's check or money order, payable on or through a United States bank, made payable to the Missouri Board of Healing Arts. **All fees are non-refundable.**

2. **NOTARIZATIONS** - To ensure that the copies of the documents you furnish with your application will not have to be returned to you to be notarized properly, please have the notarizations done as follows:

1. Copies should be notarized as being "True Copy" of the original document by the notary public.
2. Affidavits and statements should be notarized as "Subscribed and Sworn to" before a Notary Public. The Notary Public must sign, date and affix his/her notary seal to the document. Notary seal must show date of expiration.

NOTE: All notarizations must be done in the United States or Canada. Each document must be notarized.

3. **VERIFICATION OF REGISTRATION** - If you have ever held a permanent or temporary registration in any State/Province (including Canada), the enclosed form must be mailed to each licensing agency in which you now or have ever been registered to practice as a Speech-Language Pathology/Audiology Aide. This form must be received directly from the state board(s). You may copy this form if needed.

4. **PHOTOGRAPH** - Recent original photograph must be secured to the application in space provided.

5. **NAME CHANGE** - If your name has changed from that which is shown on any of the documents submitted in support of your application, you will be required to submit one of the following documents for verification:

1. Marriage - Furnish a copy no larger than 8½" x 11" of your marriage certificate.
2. Divorce Decree - Furnish a copy no larger than 8½" x 11" of your divorce decree.
3. Adoption - Furnish a copy no larger than 8½" x 11" of your adoption order.

4. Court Order - Furnish a certified court copy of the name change document.

5. Naturalization - If you had a name change by naturalization, you will be required to hand carry your original Naturalization Certificate to this office for inspection.

6. **OFFICIAL TRANSLATIONS** - If any of your documents, transcripts, etc. are in a foreign language, this Board requires you to furnish an original, official word for word translation of that document. The Board's definition of an official translation is one which is done by a government official, official translation service, or one which is translated by a professor of a language department located in the United States. The translator must certify that it is a "true translation to the best of his/her knowledge that he/she is fluent in the language, and is qualified to translate." He/she must sign the translation and his/her signature must be certified by a Notary Public. The translator must also print his/her name and title under the signature. This must be translated on official letterhead. NOTE: Our Board will accept a translation done by an Official of the American Embassy in a foreign country. The translation must have the Embassy seal placed upon it.

7. **HIGH SCHOOL DIPLOMA** - Provide a copy of your high school diploma or documentation of equivalency.

8. **PROPOSED PLAN FOR ON-THE-JOB TRAINING** - Your supervisor should provide a written statement of your employment date, duties and responsibilities.

9. **ARMED FORCES OF THE UNITED STATES** - If you have ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable; or if you are the spouse of an active duty member of the Armed Forces of the United States, you may qualify for additional services. If applicable, please complete the form included in the application and return it with your application, along with verification of military status.

SPEECH LANGUAGE PATHOLOGY AND/OR AUDIOLOGY AIDE INSTRUCTIONS FOR COMPLETING REGISTRATION APPLICATION

The Board wishes to stress that you should provide complete details, dates, names and addresses as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. Please type or print your application in ink. The following information is provided to assist you in answering the questions.

Question #1 - Print your full name.

Question #2 - A) Provide the address to which all material should be sent. B) Indicate home telephone number. C) Indicate your e-mail address. The ability to correspond via e-mail will expedite processing of your application.

Question #3 - A) Indicate your proposed business address and Institution name B) Indicate business telephone number.

Question #4 - Indicate month, day, and year of birth. Indicate Social Security number. State Law mandates the submission of Social Security numbers on professional applications. A citizen of an international country applying for registration in Missouri who does not hold a United States Social Security number may submit his/her Visa or Passport Identification number in lieu of the Social Security number.

Question #5 - List in chronological order the name and location of each institution attended, beginning with high school. Indicate the dates of attendance, graduation date and type of diploma or certificate awarded.

Question #6 - Indicate profession.

Question #7 - List all registrations, whether active, inactive, temporary or institutional, in order of attainment.

Questions #8-10 - If your answer is "yes", provide details on a separate notarized statement. This should include States/Provinces, dates and reasons.

Question #11 - If your answer is "yes", provide details on a separate notarized statement. This should include the reason for convictions, dates, places, current disposition of the case(s) and all other pertinent information.

Question #12 - If your answer is "yes", provide complete details of the arrest, the dates, places and disposition of the case on a separate notarized statement. Furnish a **Certified Court Copy** (with court seal affixed) of the original charge, the judgment, the sentence and/or the dismissal order, or other such documents which reflects the disposition of the matter.

This does not include any minor traffic or parking violation fines which are under \$100. We suggest that if you have ever had an arrest (no matter how minor), you answer the question "yes" on your application and furnish full details of the incident leading up to and including the arrest and disposition of the case.

Questions #13-16 - If your answer is "yes", provide full details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice.

Question #17 - Application Information Release Authorization - In the space provided please list the name of one other person with whom we may discuss your file. To expedite the processing of your application, we will only discuss your application with you and one other person.

Question #18 - Applicant's Oath - You must sign this oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature. Also place a recent original photograph of yourself in the space provided. Below the photograph, place your signature in the space provided.

**BE ADVISED THAT ALL QUESTIONS MUST BE
ANSWERED OR THE APPLICATION
WILL BE RETURNED.**

Please be advised that you should not make any firm commitment to begin practicing until you have received notification of registration in writing from this office.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
REGISTRATION APPLICATION

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0098
 TOLL FREE 866-289-5753

I HEREBY MAKE APPLICATION FOR REGISTRATION AS A SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY AIDE IN THE STATE OF MISSOURI.

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

1. APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)

2. HOME ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP)

HOME TELEPHONE NUMBER(S)

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EMAIL ADDRESS

CORRESPOND VIA EMAIL CORRESPOND VIA REGULAR MAIL

3. BUSINESS ADDRESS (INSTITUTION NAME, P.O. BOX, STREET, CITY, STATE, ZIP)

BUSINESS TELEPHONE NUMBER(S)

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4. DATE OF BIRTH

SOCIAL SECURITY NUMBER

5. **EDUCATION** - LIST IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, BEGINNING WITH HIGH SCHOOL. INDICATE THE DATES OF ATTENDANCE, GRADUATION DATE, AND TYPE OF DIPLOMA OR CERTIFICATE AWARDED.

NAME AND LOCATION OF INSTITUTION	YEAR FROM TO	DATE GRADUATED	DEGREE/AREA OF EMPHASIS

6. REGISTRATION AREA

SPEECH-LANGUAGE PATHOLOGY AIDE AUDIOLOGY AIDE BOTH

7. LIST ALL STATES IN WHICH YOU NOW HOLD OR HAVE HELD A CERTIFICATE OR REGISTRATION TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY AIDE.

STATE	LICENSE NUMBER	DATES HELD

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.

- 8. Have you been denied any professional license/permit/certificate or professional privileges or denied the privilege of taking the examination before any professional board in the United States, Canada or other country? YES NO
- 9. Have you, or has any professional license/permit/certificate issued to you, been restricted or disciplined; such disciplinary action to include but not be limited to: revocation, suspension, probation, censure or reprimand, whether voluntarily agreed to or not, by any State within the United States, territory, federal agency, Canadian province, or other country? YES NO
- 10. Have you had any disciplinary action taken against you, or had your right to practice restricted, by any professional employer or any entity which you have trained, held staff membership or privileges, or acted as a consultant? YES NO
- 11. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? YES NO
- 12. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere (plea of no contest) to any criminal prosecution under the laws of any state of the United States whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? YES NO

13. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances? YES NO
14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder? YES NO
15. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder? YES NO
16. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice in a safe and competent manner as a speech-language pathology and/or audiology aide? YES NO

17. APPLICATION INFORMATION RELEASE AUTHORIZATION

I hereby authorize the State Board of Registration for the Healing Arts, its Directors or designee to release and/or discuss information contained in my application for permanent licensure in the State of Missouri to the following individual:

NAME OF PERSON

A RECENT, UNMOUNTED, IDENTIFIABLE
PHOTOGRAPH, NO LARGER THAN
3½" X 5" NOR SMALLER THAN 2" X 3"
MUST BE AFFIXED IN THIS SPACE.



18. APPLICANT'S OATH

State/Province of _____ County/Parish of _____
I, _____, hereby certify under oath that I am the person named in this application for a license to practice as a Speech-Language Pathology/Audiology Aide in the State of Missouri; that all statements I have made are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application, and the photograph on this page is an identifiable photograph of myself.

I acknowledge and state that I have read Chapter 345, RSMo, which contains the Statutes, Rules and Regulations governing Speech-Language Pathology and Audiology, that can be located on the Board's website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I further state that by filing this application for a license to practice in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of Speech-Language Pathology/Audiology Aide, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, and government agency (local, state, federal, or foreign) court, association, institution, or other organization pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent registration or practice hereunder.

I understand that I should not make any firm commitment to begin practicing in the State of Missouri until I have received notification of registration in writing from the Missouri Board of Healing Arts.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT SIGNATURE	DATE OF SIGNATURE
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NOTARIZATION AND NOTARY INFORMATION

STATE	COUNTY	
The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the above photograph subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.		USE A RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSEER SEAL
NOTARY PUBLIC PRINTED NAME		



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY AIDE
SUPERVISION AGREEMENT

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD. - P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0098
 TOLL FREE 866-289-5753

In accordance with Chapter 345 RSMo, I _____ ,
 certify that I will be supervising _____ , Speech-Language Pathology/Audiology Aide, as set
 forth in Chapter 345.015 RSMo, and 20 CSR 2150-4.100 - 20 CSR 2150-4.130 and that I am legally and ethically responsible for supervising
 him/her.

SUPERVISOR'S SIGNATURE ▶	LICENSE NUMBER	DATE
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NOTARIZATION AND NOTARY INFORMATION

STATE	COUNTY
The applicant identified him/herself with a government issued photographic identification and subscribed and swore to the truthfulness of this application before me, this _____ day of _____ , _____ .	USE A RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES
NOTARY PUBLIC PRINTED NAME	NOTARY PUBLIC EMBOSSEER SEAL

**RECORD OF 100% OBSERVATION OF FIRST TEN HOURS
 OF CLINICAL CONTACT**

NAME	<input type="checkbox"/> SPEECH LANGUAGE PATHOLOGY AIDE <input type="checkbox"/> AUDIOLOGY AIDE	
DATE	MINUTES/ HOURS	PERFORMANCE EVALUATION*

*Direct observation of Speech-Language Pathology/Audiology Aides should include:

- 1) Agreement of the Supervisor and the Speech-Language Pathology/Audiology Aide on correct/incorrect judgement of target behavior.
- 2) Ability of the Speech-Language Pathology/Audiology Aide to carry out routine treatment tasks as prescribed.
- 3) Accuracy of Speech-Language Pathology/Audiology Aide in recording data.
- 4) Ability of Speech-Language Pathology/Audiology Aide to interact effectively with the client.

If the Speech-Language Pathology/Audiology Aides' performance in the areas 1 through 4 listed above should fall below the 90% reliability level, the Speech Language Pathology/Audiology Aide should be retrained in those skills and direct supervision should be increased until the reliability level returns to 90%.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
VERIFICATION OF REGISTRATION

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD. - P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0098
 TOLL FREE 866-289-5753

I, _____ hereby authorize and request the State Board of _____ having control of any documents, records and other information pertaining to me to furnish to the Missouri Board information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE
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NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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OTHER NAMES USED IN OBTAINING LICENSURE

CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

STATE OF	FULL NAME OF LICENSEE/REGISTRANT
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LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE
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LICENSURE METHOD

STATE BOARD EXAM RECIPROCITY WITH _____

OTHER (SPECIFY): _____

1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE?
IF YES, ATTACH DETAILS.

YES NO

2. HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE?
IF YES, ATTACH DETAILS.

YES NO

3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE?
IF YES, ATTACH DETAILS.

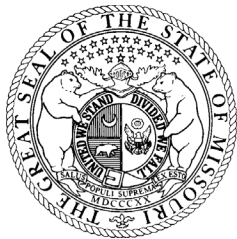
YES NO

4. HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED?
IF YES, ATTACH DETAILS.

YES NO

COMMENTS, IF ANY

BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
3605 MISSOURI BLVD., P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-0098
TOLL FREE: (866) 289-5753
FAX: (573) 751-3166
EMAIL: Licensure@pr.mo.gov

ARMED FORCES OF THE UNITED STATES

- (1) Are you currently an active duty member of the Armed Forces of the United States or a veteran from such service who received an honorable discharge? ___ Yes ___ No
- (2) If answering question (1) in the affirmative, would you like to receive information and assistance regarding veterans benefits and services? ___ Yes ___ No
- (3) If answering question (2) in the affirmative, may the agency share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services? ___ Yes ___ No
- (4) Are you the spouse of an active duty member or an honorably discharged veteran of the Armed Forces of the United States? ___ Yes ___ No

General information may also be found on the Missouri Veterans Commission's website.

If you answered questions (1) or (2) in the affirmative, please see the information below regarding the agency's veteran services and return this form with verification of military status.

- Upon proof and approval, you may qualify for:
 - Expedited Application Processing pursuant to section(s) 324.006 and 324.007, RSMo.
 - Military Education, Training and Service Toward Licensure Qualification pursuant to section 324.007, RSMo.
 - Licensure Reciprocity pursuant to section 324.009, RSMo.
 - Fee Waiver Request pursuant to section 324.015, RSMo.

Veterans taking professional state licensing or certification examinations required by the Department of Commerce & Insurance (DCI) can be reimbursed for the cost of the exam. Visit the Missouri Department of Elementary and Secondary Education's [Veterans Education website](#) to learn more about how the GI Bill can pay the cost of a license or certification test.

Name (Please Print)

Email Address

Address

City, State

Zip Code

Examples of acceptable documents can be found <https://help.id.me/hc/en-us/articles/202211570-Documents-to-verify-military-status>