

Instructions for Speech-Language Pathologist or Audiologist Licensure Application

Attached are the materials you will need to make application for licensure to practice as a speech-language pathologist or audiologist in the state of Missouri. It is suggested that you read these instructions before beginning the process.

Your Application Packet Consists of:

- These instructions;
- Application (Sections A-M);
- Verification of Licensure Form;
- Clinical Fellowship Completion Form; and
- Armed Forces of the United States Form.

Prior to completing the application, you should read the statutes and rules governing speech-language pathologists and audiologists in the state of Missouri. These are located on our website at <https://pr.mo.gov/speech-rules-statutes.asp>

GENERAL INFORMATION

In addition to the materials you are required to submit, the Board makes independent inquiries into your background. You should allow a minimum of 4-6 weeks for your application to be initially processed once both your application and application fee have been received in office.

If your application is received in office with existing deficiencies or discrepancies, your processing time will be lengthened – the amount of additional processing time is dependent upon the amount of time it takes the applicant to comply with and fulfill the items listed on their checklist as outstanding. The Board's staff processes all information received in the date-order that it is received. Processing time will vary depending on the Board's backlog.

In addition to this, once the application has been completed and sent to final review for approval, another 2-4 weeks will be required for processing time dependent on the Board's backlog at that time. Additionally, the Board can request that you appear before them prior to issuing your license.

All permanent speech-language pathologist and audiologist licenses expire triennially on January 31. The expiration date will be printed on your license. Please remember this date so you can allow time for your renewal to be processed. Information for renewing your license will be mailed and emailed to you on or before December 1st of each year prior to license expiration, to the last known email and address on file. Failure to receive the renewal application does not relieve any person of the duty to register and pay the fee required for renewal nor exempt them from the penalties for failure to renew. Therefore, it is imperative that you notify the Board of any address change within thirty (30) days of occurrence. If your license expires, you cannot practice in Missouri until your license is renewed.

FEE

The fee is \$25. The Board can accept payment in the form of a personal check, cashier's check, or money order. Please write your form of payment payable to the Missouri Board of Healing Arts. All checks must be drawn on a United States bank check because our bank does not accept checks from International banks. The Board cannot accept credit or debit cards for payment of the application fee. All fees are nonrefundable and your APPLICATION WILL NOT BE PROCESSED UNTIL THE FEE IS RECEIVED.

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.

COMPLETING THE APPLICATION

- **SECTION A – Missouri Tax Compliance**
 - Check the box if in all of the last three 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.

For tax questions, please contact the Department of Revenue at (573) 751-7200 or email at TCSIncome@dor.mo.gov.

NOTICE: All persons receiving a license from, or renewing a license with the Division of Professional Registration, are required to have paid all Missouri state income taxes, and also are required to have filed all necessary Missouri state income tax returns for the preceding three years, if applicable. If you have failed to pay your Missouri taxes or have failed to file your Missouri tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

- **SECTION B – Reciprocity**

Answer the questions asked regarding licensure in another state. If you answer “yes” to all of the questions on Section B. RECIPROCITY, and you:

- Have not had your license revoked by an oversight body outside the state;
- Are not currently under investigation;
- Do not have a complaint pending;
- Are not currently under disciplinary action with an oversight body outside the state;
- Do not have a criminal record that would disqualify you for licensure in Missouri;

Then you may be eligible for a license via reciprocity. Reciprocity applicants are not required to submit examination scores, transcripts, and the clinical fellowship completion form.

- **SECTION C – Identifying Information**

- Indicate your profession.
- List your complete name. This includes your last, first, middle, and maiden names. List your suffix and other names used if applicable.
- List your contact information. This includes your contact phone number, email address, and mailing address.
- List your date of birth, social security number, and gender.

- **SECTION D – Practice Information – Anticipated Missouri Practice Address**

- Check yes or no for whether you have an anticipated Missouri practice address or not.
 - If yes, list the address in which you plan to practice in Missouri as a speech-language pathologist or audiologist.
 - If no, move on to Section E.

- **SECTION E – Names of Individuals with Whom the Board is Authorized to Discuss Your File**

- The Board cannot release information about your application (including status) or discuss your application without your permission. If you wish us to discuss your application with anyone, please list that person in this section of the application.
- You may list up to two individuals. List their name(s), email address(es), and telephone number(s).
- If you do not want the Board to release information about your application, please list N/A.

- **SECTION F – Education**

- List, in chronological order, beginning with high school, the name and location of each institution attended, degree awarded, and date awarded.

- **SECTION G – Certification**

- Indicate whether you hold a valid certificate as a speech-language pathologist issued by the Missouri Department of Elementary and Secondary Education (DESE) or have an application pending for DESE certification. **This is not a requirement for Missouri licensure.**

- **SECTION H – Professional Licenses History**

- List all states in which you now hold or have held a license to practice any profession. *You will need to request a verification of licensure for each state listed. License verifications are required for any license held, regardless of the license status.*

- **SECTION I – Personal History**

- Answer the questions with the appropriate checkmark.
- If any questions are answered yes, please follow the instructions below:
 - **Questions 1-8** - Include a separate statement/letter explaining the circumstances behind your “yes” answer. Documentation supporting your statement, if applicable (i.e. a settlement agreement from another state disciplining your license, etc.) needs to be submitted directly from the state board, hospital, etc. and can be sent to licensure@pr.mo.gov
 - **Question 9** - Include a separate statement/letter explaining the circumstances behind your “yes” answer and also submit a certified/sealed copy of the court records or have your attorney send the documents to the Board. The Board needs to receive a copy of the complaint/petition and judgment, settlement, or disposition. Copies made of the certified/sealed documents are not acceptable. The Board will need to receive the original, official copies that are certified/sealed by the court. Should the court or an attorney send copies to our office on your behalf, they can be sent to licensure@pr.mo.gov
 - **Question 10** - Include a separate statement/letter explaining the circumstances behind your “yes” answer and also submit a certified/sealed copy of the charge (it may be called a petition, indictment, information, or complaint), **and** the judgment, sentence, or dismissal order, certified/sealed by the court or from your attorney. Copies made of the certified/sealed documents are not acceptable. The Board will need to receive the original, official copies that are certified/sealed by the court. Should the court or an attorney send copies to our office on your behalf, they can be sent to licensure@pr.mo.gov

- **Question 11** - Include a separate statement/letter explaining the circumstances behind your “yes” answer and documentation supporting that statement.
- **Question 12** – Please provide details and dates, including the names and addresses of the individuals and facilities which have treated you. Also please request that your current physician or treatment professional submits a statement directly to our office indicating your diagnosis, prognosis, and if your illness or condition affects your ability to practice. This statement can be sent to licensure@pr.mo.gov
- **Question 13** – Please contact the Board office for a Malpractice Claim Information Form to be completed. Additional documentation may be required after review of the information provided. Please also list the number of claims in which you have been named in the space provided.
- **SECTIONS J & K – Applicant’s Oath and Notarization**
 - Sign the application in the presence of a notary.
 - Attach a recent photograph of yourself. Please do not staple or paperclip the photograph.
 - The photograph used can be any photograph of the applicant that is from the shoulders up.
- **SECTION L – Jurisprudence Exam**
 - Complete the jurisprudence exam, and return it with your application. Answers can be found in the rules and statutes at <https://pr.mo.gov/speech-rules-statutes.asp>. The Board will score the exam. A score of 75% or higher is required.
- **SECTION M – Activities Statement**
 - *CHRONOLOGICALLY* list all professional and non-professional activities from high school to the present, or for the last ten years, whichever is most recent.
 - All applicable dates must be accounted for in the MM/YYYY format.
 - Please include complete names and addresses for each activity listed.
 - If unemployed or on vacation for at least a month, please indicate such.
 - *Note: if there are dates not accounted for, you will be contacted by the Board to account for those dates.*

DOCUMENTS THAT NEED TO BE SUBMITTED

- **Verification of Licensure** – Verification of all professional licenses, registrations or certifications held by the applicant to practice as a speech-language pathologist or audiologist, and any other profession in any state(s) or territories shall be submitted to the board directly from the issuing agency. This verification must document the status of such license, registration or certification, the type of license and effective dates. If you currently hold or have previously held a permanent, temporary or institutional license, registration or certification, in any State/Province (including Canada), you will need to request that State/Province to send an official verification of your license, registration or certification directly to the Missouri Board. All licenses, registrations and/or certifications held are required to be verified regardless of their status (expired, lapsed, inactive, retired, etc.) The enclosed Verification of Licensure form may be sent to States/Provinces that require a Missouri form to be submitted in order for the license, certification, or registration to be verified. You may make additional copies. *Alternatively*, you may contact each state Board in which you have ever held a license and request your license verification verbally, or in writing. The verification must be submitted directly from the licensing agency to our office. Some licensing agencies use a secure online verification portal. It is the applicant’s responsibility to request verification(s) and/or submit the Verification of Licensure form directly to the State Board(s).
- **Transcripts** – Submit official transcripts, with the school seal affixed, from each and every college or university attended, confirming the courses taken towards your speech-language pathology or audiology degree, grade received per course, degree(s) awarded, and date degree(s) awarded. Both undergraduate and graduate transcripts are required.
The Board can accept electronic transcripts if they are official transcripts. They can be sent by email to licensure@pr.mo.gov or by fax to (573)751-3166.
TRANSCRIPTS ARE NOT REQUIRED IF YOU APPLY BY RECIPROCITY.
- **PRAXIS Scores** – Request the PRAXIS Examination scores to be submitted to the Board directly from the Education Testing Service (ETS). You can refer to the ETS website <https://www.ets.org/praxis>.
PRAXIS SCORES ARE NOT REQUIRED IF YOU APPLY BY RECIPROCITY.
- **Clinical Fellowship Completion Form** – Applicants must present written evidence of completion of a clinical fellowship from supervisor(s). This period of employment shall be under the direct supervision of a person who is licensed by the state of Missouri in the profession in which the applicant seeks to be licensed. Request for your clinical fellowship supervisor to complete this form as documentation that you completed a clinical fellowship. This form may be sent by mail, email, or fax. **Applicants with an audiology clinical doctoral degree are exempt from this requirement, pursuant to 345.050, RSMo.**
THE CLINICAL FELLOWSHIP COMPLETION FORM IS NOT REQUIRED IF YOU APPLY BY RECIPROCITY.
- **Name Change Documentation**– If your name has changed from that which is shown on any of the documents submitted in support of your application, please submit copies of the document evidencing the name change (Marriage Certificate, Divorce Decree, Adoption Order, Court Order, or Naturalization Certificate).

- **Credential Evaluation** – If you are an internationally trained applicant, it will be necessary for you to request a credential evaluation to be submitted to the Board which verifies your professional degree is the equivalent degree obtained from an institution accredited by the Council on Academic Accreditation of ASHA. You can refer to the following website for a listing of approved ASHA credential evaluation service agencies: <https://www.asha.org/certification/CredEval/>
- **Official Translations** – Any documents that are not in English must be translated. The translation must be done by a professor of a language department in a college or university in the United States, or by the United States Embassy or Consulate in a foreign country. The translator must include documentation certifying that the document is a true translation to the best of their knowledge, that they are fluent in the original language and qualified to translate the document into English. The translator must sign the translation and print their name and address on the translation.

MAILING THE APPLICATION

Mail the application and fee to: Missouri Board of Registration for the Healing Arts
P.O. Box 4, Jefferson City, MO 65102

For overnight deliveries use: Missouri Board of Registration for the Healing Arts
3605 Missouri Blvd., Jefferson City, MO 65109

Applications cannot be accepted by email or fax.

HOW TO CHECK THE STATUS OF YOUR APPLICATION

When your application is received, you will be notified via email.

When your application is processed, you will be notified at a later date in an additional email. This mail will include the PIN needed to check your application status online.

When your license has been approved, you will be notified via email the following day.

If you have questions after reading these instructions, you may call the Board office at 573-751-0098 or toll free at 866-289-5753 or email the Board at licensure@pr.mo.gov.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
APPLICATION SPEECH LANGUAGE PATHOLOGIST OR AUDIOLOGIST LICENSURE

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

INSTRUCTIONS

Complete each section by providing complete details in black ink or by typed responses. Failure to answer all questions could result in delayed processing of your application. If additional responses are necessary, submit a separate statement.

A. MISSOURI TAX COMPLIANCE

Check this box 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.

Pursuant to Section 324.010 RSMO, all persons applying for and renewing license with the Division of Professional Registration are required to have paid all Missouri state taxes and are also required to have filed Missouri state income tax returns for the last three years. If such licensee is delinquent on any Missouri state taxes or has failed to file Missouri state income tax returns in the last three years, your license will be subject to suspension within 90 days after being notified by the Missouri Department of Revenue of such delinquency or failure to file.

False statements are subject to criminal penalties and/or license discipline. For tax questions, please contact the Department of Revenue at (573) 751-7200 or email at TCSIncome@dor.mo.gov.

B. RECIPROCITY

Pursuant to 345.052, RSMo, please answer the questions below.

1. Do you currently hold a valid current license issued by another state, a territory of the United States, or the District of Columbia, in the same profession and practice level as this application? Yes No

If Yes:

2. Have you held that license for at least one year? Yes No

3. Did you meet minimum education and examination requirements and, if applicable, work experience and clinical supervision requirements to receive that license? Yes No

If you answered yes to all of the questions above, please list at least on state in which this applies.

 (State)

If you are able to answer yes to all three (3) of the questions above, and you:

- Have not had your license revoked by an oversight body outside the state;
- Are not currently under investigation;
- Do not have a complaint pending;
- Are not currently under disciplinary action with an oversight body outside the state;
- Do not have a criminal record that would disqualify you for the licensure in Missouri;

Then you may be eligible for a license via reciprocity. Reciprocity applicants are not required to submit examination scores, transcripts, or evidence of completion of a clinical fellowship.

C. IDENTIFYING INFORMATION

PLEASE MARK THE PROFESSION IN WHICH YOU ARE APPLYING FOR LICENSURE

SPEECH-LANGUAGE PATHOLOGIST AUDIOLOGIST

Print your full name, mailing address, and personal information.

LAST NAME		FIRST NAME		MIDDLE NAME		MAIDEN NAME	
OTHER NAMES USED			CONTACT PHONE NUMBER		EMAIL ADDRESS		
STREET ADDRESS				CITY		STATE	ZIP
DATE OF BIRTH			SSN		GENDER		

D. PRACTICE INFORMATION - ANTICIPATED MISSOURI PRACTICE ADDRESS

DO YOU HAVE AN ANTICIPATED MISSOURI PRACTICE ADDRESS? (*THIS SECTION IS REQUIRED TO BE COMPLETED.)

Yes No If yes, please complete D. If no, move on to E.

NAME OF BUSINESS

ADDRESS

CITY STATE ZIP

E. NAMES OF INDIVIDUALS WITH WHOM THE BOARD IS AUTHORIZED TO DISCUSS YOUR FILE		
CONTACT #1 NAME	CONTACT #1 EMAIL	PHONE #1 NUMBER
CONTACT #2 NAME	CONTACT #2 EMAIL	PHONE #2 NUMBER

F. EDUCATION
List in chronological order beginning with high school. The name and location of each institution attended, degree awarded, and date awarded.

NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	DEGREE AWARDED	DATE AWARDED

G. CERTIFICATION

DO YOU CURRENTLY HOLD DESE CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE AN APPLICATION PENDING FOR DESE CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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H. PROFESSIONAL LICENSES HISTORY
List all states in which you now hold or have held a license to practice any profession.

PROFESSION	STATE IN WHICH HELD	PROFESSION	STATE IN WHICH HELD

I. PERSONAL HISTORY
Answer the following questions with the appropriate checkmark. **If any are answered yes, see the instruction sheet for specific information and documentation needed for review.**

1. Have you been denied a license, registration or certificate to practice as a speech-language pathologist, audiologist, or any other profession or been denied the privilege of taking an examination administered by a U.S. state, Canadian provincial or international licensing agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you made application for licensure, registration or certification in another state, province or country and subsequently withdrawn said application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any license or right to practice held by you been disciplined, including but not limited to restriction, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional association or society, or by any licensed hospital or medical staff of a hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you surrendered a license issued to you by any U.S. state or any Canadian provincial licensing agency for any reason, other than failure to renew, retirement or relocating to another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have any charges or complaints been filed against you, or are you currently under investigation, with the federal government, any federal agency or any U.S. state or Canadian provincial licensing or disciplinary agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has any disciplinary action been taken against you, or has your authority to practice been restricted, by any federal or state agency including, but not limited to, Medicare or Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant or has any lawsuit (other than malpractice) been filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty, an alford, no contest plea of nolo contendere, in a criminal prosecution in any state, federal, or municipal court whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence, except for minor traffic violations? Alcohol related traffic violations must be reported.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I. PERSONAL HISTORY CONTINUED

11. Have you been required by federal law or the law of any state to register as a sex offender? Yes No

12. Do you currently have any condition or impairment which in any way affects your ability to practice in a professional, competent, and safe manner, including but not limited to: (1) a mental, emotional, nervous, or sexual disorder (2) an alcohol or substance use disorder, or (3) a physical disease or condition? Yes No

13. Have you been 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

13a. If your answer is yes, please indicate how many claims in which you have been named. _____

J. APPLICANT'S OATH

During the period of time in which the Board is processing my application and determining whether to issue me a license, I will inform the Board in writing within fifteen (15) days of any change in information included in my application for licensure, including but not limited to changes to Section I "Personal History", changes to Section M "Activities Statement", address updates, malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to timely disclose this information could result in discipline pursuant to section 345.065. I hereby certify under oath that I am the person named in this application for a license to practice in the State of Missouri; that all statements I have made herein are true and that I have personally read, reviewed and answered each of these questions; that all documents submitted with this application or as part of the application process that are original, or duplicated copies of the originals, have not been altered in any fashion whatsoever; 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. I acknowledge and state that I have read Chapter 345, RSMo, which contains the Statutes, Rules and Regulations governing speech-language pathologists and audiologists, 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 hereby authorize the Missouri State Board of Healing Arts, its Director or designee, to release and/or discuss information contained in my application for licensure in the State of Missouri to the individuals indicated on the 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 professional reputation and fitness for practice, 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 authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), court, association, institution or other organization having control of any documents, records and other information 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.


I further certify that I understand that I cannot practice my profession in the state of Missouri unless and until a license has been granted by the Missouri Board of Healing Arts.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT'S NAME (PLEASE PRINT)
	APPLICANT'S SIGNATURE

K. NOTARIZATION

STATE	COUNTY
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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		

<p>PLEASE GLUE OR TAPE YOUR PHOTO TO THE APPLICATION. DO NOT STAPLE OR PAPERCLIP PHOTO.</p> 	
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L. JURISPRUDENCE EXAM**INSTRUCTIONS**

Completion of the jurisprudence examination and achieving a score of 75% or higher is a requirement for licensure by the Missouri State Board of Registration for the Healing arts (Board). Each of the twenty "True (T) or False (F)" questions is given a weight of five percentage points. All the answers are readily available to you in the statutes and rules that are located on the Board's website at <https://pr.mo.gov/speech-rules-statutes.asp>.

1. An audiology aide can work independently and can administer and interpret diagnostic test, fit or dispense hearing instruments, make diagnostic statements and can present written reports without the signature of a supervisor. (section 345.015 (2), RSMo) 1. T F
2. A speech-language pathology aide must work under the direction and supervision of a speech-language pathologist but cannot administer or interpret hearing screening or diagnostic tests, or present written reports to anyone other than the supervisor without the signature of the supervisor. (section 345.015(10), RSMo) 2. T F
3. Any person representing themselves as an audiologist or speech-language pathologist in the state of Missouri without a valid existing license is guilty of a class B misdemeanor unless they are otherwise lawfully licensed. (section 345.020, RSMo) 3. T F
4. Any person can hold himself or herself out as being a speech-language pathology assistant or aide or audiology aide in this state without being registered/licensed under Chapter 345, RSMo. (section 345.020, RSMo) 4. T F
5. Any person licensed under Chapter 345, RSMo who dispenses products associated with professional practice to clients for remuneration shall deliver to each person supplied with a product a completed purchase agreement which shall include the terms of the sale clearly stated using ordinary English language and terminology which is easily understood by the purchaser. (section 345.033, RSMo) 5. T F
6. Each speech-language pathologists and/or audiologist shall obtain at least thirty (30) hours of continuing education every three (3) years. (Section 345.051, RSMo) 6. T F
7. Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to Chapter 345, RSMo is not considered a cause for disciplining a license. (section 345.065, RSMo) 7. T F
8. Disciplinary action against the holder of a license or other right to practice any profession regulated by sections Chapter 345, RSMo granted by another state, territory, federal agency or country upon is grounds for which revocation or suspension is authorized in this state. (section 345.065, RSMo) 8. T F
9. Failure to complete and report in a timely fashion the required hours of continuing education and engages in the active practice of speech-language pathology and/or audiology without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of speech-language pathology and/or audiology and punishable as such under section 345.075, RSMo. (4 CSR 2150-4.052(6)) 9. T F
10. Board rule, 4 CSR 2150-4.053 defines acceptable continuing education activity, and details the documentation necessary as proof of compliance with the continuing education requirement for speech-language pathologist and/or audiologists. (4 CSR 2150-4.053) 10. T F
11. A licensee or registrant whose address, as it appears on the license and/or registration, has changed must inform the commission of all changes by sending a letter to the commission's office in Jefferson City, Missouri within sixty (60) days of the effective date of the change. (20 CSR 2150-4.070) 11. T F
12. The protection of the public health, safety and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all individuals whose activities are regulated by the commission. (20 CSR 2150-4.080) 12. T F
13. Licensees and registrants do not need to justify all services rendered to clients. (20 CSR 2150-4.080) 13. T F
14. Licensed speech-language pathologists may not administer pure-tone air conduction hearing screening and screening tympanometry tests. (20 CSR 2150-4.085) 14. T F
15. It is the responsibility of the supervision speech-language pathologist or supervising audiologist (respective of aide's registration) to protect the interests of all patients and/or clients at all times during which the aide is practicing and/or interacting with patients and/or clients; this responsibility includes the supervisor's and the aide's compliance with the ethical standards of practice as specified in rule 20 CSR 2150-4.080. (20 CSR 2150-4.110) 15. T F
16. The supervising speech-language pathologist or supervision audiologist (respective of aide's registration) retains, at all times, the primary role in determining the competency level of the aide and to determine the amount of indirect supervision to be provided to the aide based on the specific factors outline in the Board's rules. (20 CSR 2150-4.110) 16. T F
17. Speech-language pathology aides are not limited to only engaging in tasks that are planned, delegated, and supervised by the supervising speech-language pathologist. (20 CSR 2150-4.150) 17. T F
18. The supervising speech-language pathologist does not need to be available for the purpose of providing guidance and support to the assistant at all times (4 CSR 2150-4.201) 18. T F
19. At the initial contact with an adult patient/client or guardian/designated caregiver the speech-language pathology assistant shall identify themselves as a speech-language pathology assistant and explain that they do not act independently but under the direction and supervision of a licensed speech-language pathologist. (20 CSR 2150-4.203) 19. T F
20. Speech-language pathology assistants cannot write, develop, or modify a patient's/client's/student's treatment or special education plan. (20 CSR 2150-4.203) 20. T F



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

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
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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	PROFESSION
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LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE
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LICENSURE METHOD

C.C.C. GRANDFATHER 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
CLINICAL FELLOWSHIP COMPLETION FORM

APPLICANT NAME	PROVISIONAL LICENSE NUMBER
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ADDRESS IN WHICH CLINICAL FELLOWSHIP WAS COMPLETED

SUPERVISOR NAME	LICENSE NUMBER
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I, _____, confirm that _____, completed
NAME OF SUPERVISOR NAME OF APPLICANT
a clinical fellowship which consisted of

- thirty-six (36) weeks of professional experience of at least thirty-five (35) hours per week
- forty-eight (48) weeks of professional experience of at least twenty-nine (29) hours per week.
- sixty (60) weeks of professional experience of at least twenty-two (22) hours per week.
- seventy-two (72) weeks of professional experience of at least seventeen and one half (17.5) hours per week

(Check One)

The applicant shall have spent a minimum of 80% of the clinical fellowship in direct clinical contact related to the management of disorders that fit within the ASHA Scope of Practice in Speech-Language Pathology. The ASHA Scope of Practice in Speech-Language Pathology and examples of direct clinical contact can be found on the ASHA website or by contacting ASHA by phone (800)-638-8255.

SUPERVISOR'S SIGNATURE	DATE
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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>