

Dear Speech-Language Pathologist and/or Audiologist:

Attached are the materials you will need to make application for licensure to practice Speech-Language Pathology and/or Audiology in the State of Missouri. Included in the packet are:

1. The application with specific instructions for completing it;
2. A Documents and Fee page;
3. A Verification of Licensure form (if necessary, make additional copies);
4. Jurisprudence Examination;
5. Activities Statement;
6. Application Checklist.

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

Please be advised that no application will be processed without a fee. Applications will not be considered by the Board until the entire file is complete. You should not make any firm commitment to begin working until you have received notification of licensure in writing from this office.

Please be reminded that it is unlawful to misrepresent any material fact, in any way, in connection with application for Missouri licensure. Proof that a Speech-Language Pathologist and/or Audiologist has misrepresented any material fact is grounds for denial of licensure.

A license to practice as a Speech-Language Pathologist and/or Audiologist expires triennially on January 31. A renewal application will be mailed to you on or before December 1st prior to the expiration date of the license. You will be required to pay an additional fee for renewal and confirm on the renewal application that you obtained 30 hours of continuing education during the prior three calendar years. For complete information regarding the Board's continuing education requirement, please see Rules 20 CSR 2150-4.052 through 20 CSR 2150-4.054. Failure to receive the renewal application does not, however, relieve any person of the duty to register and pay the fee required nor exempt them from the penalties for failure to renew.

If you have any questions during the process that are not answered in the enclosed material, you may contact the Board of Healing Arts for assistance at (573) 751-0098 or toll free at (866) 289-5753 or via email at [licensure@pr.mo.gov](mailto:licensure@pr.mo.gov).

Sincerely,

Licensure Section

# SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY 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 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. Notarization must be completed in the United States or Canada;
  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.
  3. The Board will also accept a notarization by the American Embassy.
3. **VERIFICATION OF LICENSURE** - If you have ever held a permanent, temporary or institutional license, registration or certification in any State/Province (including Canada), the enclosed form must be mailed to each licensing agency in which you now or have ever been licensed, certified or registered to practice as a Speech-Language Pathologist and/or Audiologist or any profession. This form must be received directly from the state board(s). You may copy this form for additional copies. You may want to contact the other state(s) to determine if they charge a fee to verify your licensure in order to make sure your verification is processed expeditiously.
4. **PHOTOGRAPH** - A recent original photograph must accompany the application in the space provided. Copies of photographs or magazine clippings are not acceptable.
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 deliver 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 a college or university professor 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. **CLINICAL COMPETENCY CERTIFICATE** - Furnish a copy of your current ASHA wallet card showing that you are a member in good standing or direct ASHA to forward verification of your CCC's directly to the Board office. **If you currently do not hold your CCC's you may submit to the Board the below information in lieu of the ASHA wallet card:**
  1. Official transcripts with the school seal affixed, and degree awarded. Transcripts must be sent directly from the college and/or university in a sealed envelope;
  2. Proof of passage of the National Examination scores must be submitted to the Board directly from the Education Testing Service;
8. **ACTIVITIES STATEMENT** - Each applicant is required to provide a chronological listing of his/her professional and non-professional activities from high school graduation until the present date **OR** for the last ten years; **whichever is the most recent.** All periods must be reported. In chronological order, list the positions you held, complete names, addresses, and zip codes of employers and the beginning and ending dates of employment. **NOTE: This must be submitted in addition to the information on your application.** You may be required to update the Board on your activities if your application remains in a pending status for an extended period of time. A form is provided to document your activities. A resume may be enclosed provided it details all time periods.
9. **APPLICATION CHECKLIST** - This form is provided to assist you in verifying that all of the required documents have been included with your application. Please check off the documents that you are sending with your application, sign, date, and enclose the form with your application.

# SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY

## INSTRUCTIONS FOR COMPLETING LICENSURE 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 black ink. The following information is provided to assist you in answering the questions.

**Question #1** - Print your full name.

**Question #2** - Please provide the address to which all material should be sent. Indicate home telephone number.

Indicate your proposed business address to include the name of the institution/group, street, city, state and zip. If unknown, please explain. B) Indicate business telephone number.

**Question #3** - Indicate month, day, and year of birth. B) 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 #4** - 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 #5** - Indicate which profession you received your Certificate of Clinical Competence. B) Indicate date certificate was issued. C) Indicate if certificate is valid or invalid.

**Question #6** - Indicate if you currently hold or have an application pending for certification as a Speech-Language pathologist with the Missouri Department of Elementary and Secondary Education.

**Question #7** - List all licenses, certifications or 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 you have been involved in two or less cases, and the cases were resolved over five years ago (from the date of the filing of your licensure application), you are only required to provide a notarized statement. The statement should include a summary of the incident, the date of the incident, the name of the patient and how the case was resolved (i.e. dismissed, jury trial, settled/amount paid, etc.)

If a case(s) is currently pending, it will be necessary for you to provide our office with a copy of the complaint and a notarized statement as described above.

If you have been involved in more than two cases or if cases have been resolved within the five year period

immediately preceding the filing of your licensure application, it will be necessary for you to furnish a notarized statement, as described above, and provide a certified court copy of the complaint and the document showing the disposition of the case. If your insurance company paid a claim without a formal case being filed, then include in the written statement the name of the insurance carrier and the date and amount of the settlement.

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

This does not include any minor traffic parking violation fines. We suggest that if you have 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. **Copies of photographs or magazine clippings are not acceptable.**

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



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**LICENSURE 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 LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST AND/OR AUDIOLOGIST 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](mailto: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)  
 ( )

EMAIL ADDRESS

PROPOSED BUSINESS ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP) (IF UNKNOWN, PLEASE EXPLAIN)

BUSINESS TELEPHONE NUMBER(S)  
 ( )

3. DATE OF BIRTH SOCIAL SECURITY NUMBER

4. **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

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

5. CERTIFICATE OF CLINICAL COMPETENCE ISSUED IN:

SPEECH-LANGUAGE PATHOLOGY       CURRENTLY VALID?     YES     NO      DATE OF ISSUE \_\_\_\_\_

AUDIOLOGY                               CURRENTLY VALID?     YES     NO      DATE OF ISSUE \_\_\_\_\_

6. CERTIFICATION AS A SPEECH-LANGUAGE PATHOLOGIST WITH THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

Do you currently hold DESE certification?                               YES     NO

Do you have an application pending for DESE certification?                               YES     NO

7. LIST ALL STATES IN WHICH YOU NOW HOLD OR HAVE HELD A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY.

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 as a Speech-Language Pathologist and/or Audiologist in a safe and competent manner?  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

**CERTIFICATION TO NOT PRACTICE UNTIL LICENSED (ALL APPLICANTS MUST COMPLETE THIS FORM)**

**Please read carefully, sign and return this document with your application.**

I hereby certify to the Missouri State Board of Registration for the Healing Arts that I am not presently functioning and will not function as a Speech-Language Pathologist and/or Audiologist or use any initials, titles or words which imply that I am licensed in Missouri to perform Speech-Language Pathology and/or Audiology services until I am granted licensure by the Missouri State Board of Registration for the Healing Arts.

I further certify that if I accept employment in a Speech-Language Pathology and/or Audiology setting in Missouri prior to licensure by the Missouri State Board of Healing Arts, I will perform only at the direction of a licensed Speech-Language Pathologist and/or Audiologist and will only perform duties which may be legally performed by **“UNLICENSED/UNREGISTERED PERSONNEL”**.

I understand that the Missouri State Board of Registration for the Healing Arts may refuse to grant licensure to me or suspend or revoke my license if I violate any provision of Chapter 345, RSMo.

APPLICANT'S SIGNATURE

DATE

PRINT NAME

ALL APPLICANTS MUST PLACE  
AN ORIGINAL RECENT PHOTOGRAPH  
IN THE SPACE PROVIDED.



**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 Speech-Language Pathology and/or Audiology in the State of Missouri; all statements I have made are true; 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 and/or Audiology, 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 cannot practice in the State of Missouri as a Speech-Language Pathologist and/or Audiologist until the Missouri Board of Healing Arts has issued a license to practice to me.**

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	APPLICANT SIGNATURE	DATE OF SIGNATURE
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**NOTARIZATION AND NOTARY INFORMATION**

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		



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

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

### CERTIFICATION

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 of any change in information included in my application for licensure, including but not limited to malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to disclose this information could result in discipline pursuant to section 345.065.2(11).

Applicant Signature

Applicant Printed Name

Date



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
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

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	
LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE

LICENSURE METHOD

C.C.C.                                       GRANDFATHER                                       RECIPROCITY WITH \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_

- 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
- 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
- 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
- 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	

**EXAMINATION ON THE LICENSURE ACT, RULES AND REGULATIONS FOR  
SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS**

**DIRECTIONS**

Enter answers for multiple choice and true/false questions in the section entitled "Answers" on the **Test Compliance Verification**. This is an "open book" examination, created for the purpose of acquainting new licensees with the provisions of Chapter 345, RSMo. It is imperative that you read the **Test Compliance Verification** before attempting to take this examination.

**SCORE ►**

**MULTIPLE CHOICE**

1. An Audiology Aide
  - a. may act independently of an Audiologist under certain circumstances
  - b. must be at least 18 years of age
  - c. must possess at least a bachelor's degree in the area of Audiology
  - d. none of the above
2. A Speech-Language Pathology or Audiology Aide may
  - a. administer or interpret hearing screening or diagnostic tests
  - b. determine case selection
  - c. make referrals to other professionals or agencies
  - d. none of the above
3. Under the auspices of the statute, Audiologists may
  - a. provide consultation and counseling
  - b. take impressions of the ear for custom earmolds, ear plugs, swim molds and industrial noise protectors
  - c. test for disorders of balance
  - d. all of the above
4. The statute states that a Speech-Language Pathologist may
  - a. assess the external ear and cerumen management
  - b. use instrumental technology such as videofluoroscopy and stroboscopy to diagnose and treat disorders of communication and swallowing
  - c. conduct and interpret intraoperative monitoring
  - d. all of the above
5. A Speech-Language Pathology Assistant must
  - a. work under the direct supervision of a licensed Speech-Language Pathologist
  - b. hold a bachelor's degree in Speech-Language Pathology or an associate's degree in Speech-Language Pathology from an approved institution
  - c. be of good moral character
  - d. all of the above
6. The following violations may be cause for the Board to issue a complaint with the Administrative Hearing Commission:
  - a. use of any controlled substance to the extent that such use impairs a person's ability to perform work activities
  - b. participation in fraudulent activities
  - c. altering a license or registration
  - d. all of the above
7. If the Board issues a probationary, limited or restricted license to an applicant, the applicant may file a written petition with the Administrative Hearing Commission within \_\_\_\_\_ days of the effective date of the license seeking review of the Board's determination.
  - a. 30 days
  - b. 45 days
  - c. 60 days
  - d. 90 days

**EXAMINATION ON THE LICENSURE ACT, RULES AND REGULATIONS FOR  
SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (continuation)**

8. A minimum of \_\_\_\_ hours of continuing education are required for licensure renewal every two years.
- a. 20
  - b. 25
  - c. 30
  - d. 40
9. Rules with regard to continuing education stipulate that a minimum of 20 hours may be obtained by courses sponsored by:
- a. American Speech-Language-Hearing Association and/or the Missouri Speech-Language-Hearing Association
  - b. American Academy of Audiology and/or the Missouri Academy of Audiology
  - c. Department of Elementary and Secondary Education and/or Council for Exceptional Children
  - d. all of the above

**TRUE OR FALSE**

1. T F Continuing education hours can be carried over into the next reporting period.
2. T F Any member of the public may file a written complaint with the Advisory Commission.
3. T F Licensed Speech-Language Pathologists may administer behavioral pure-tone air conduction hearing screening and screening tympanometry tests.
4. T F If deemed necessary, the Board has the discretion to issue a license which is subject to probation, restriction or limitation to an applicant.
5. T F If a Speech-Language Pathologist is employed full-time by a school district and independently contracts services occasionally, it would not be necessary to obtain a license to practice.
6. T F According to the licensing statute and rule, an Audiologist may only use academic titles which are obtained from a regionally accredited institution.
7. T F Persons who allow their licenses to lapse may be required to pay a reinstatement fee.



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

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

The Missouri State Board of Registration for the Healing Arts and the Advisory Commission for Speech-Language Pathology and Audiology requires that all applicants for licensure as a Speech-Language Pathologist or Audiologist, achieve a passing score on an examination on the Missouri Licensure Act, Rules and Regulations.

A passing score is 75%. If you do not achieve a passing score, the examination will be sent to you again for successful completion prior to issuance of a license. This examination was not designed to “test” your knowledge of the act, rules and regulations, but was created for the purpose of acquainting new licensees with the information.

This examination is of the “open book” type and you are expected to refer to the Act and Rules. However, it is intended that each applicant complete it individually, without receiving aid from any other person.

I certify I have neither given nor received aid from another person in the answering of any questions posed by this examination.

SIGNATURE

DATE

**ANSWER SHEET**

Enter answers from examination in this section.

**MULTIPLE CHOICE**

**TRUE/FALSE**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**FOR BOARD USE ONLY**

DATE

PASSED (MIN. SCORE 75%)     FAILED







STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY  
PERMANENT APPLICATION CHECKLIST**

**FORWARD TO THE MISSOURI BOARD OF HEALING ARTS**

- APPLICATION FORM
- FEE - \$25.00
- ACTIVITY STATEMENT
- VERIFICATION OF LICENSURE (Only applicable if you have ever held a permanent, temporary or institutional license, registration or certification in any State/Province, including Canada)
- 
- TEST COMPLIANCE VERIFICATION
- CLINICAL COMPETENCY CERTIFICATE (Furnish a copy of your current ASHA wallet card showing that you are a member in good standing.)
- NAME CHANGE DOCUMENT (Only if you have had a name change through marriage, adoption, divorce, court order, naturalization)

**If you currently do not hold your CCC's you may submit to the Board the below information in lieu of the copy of the ASHA wallet card.**

- TRANSCRIPTS
- PRAXIS SCORES

SIGNATURE

DATE

**WE ENCOURAGE YOU TO RETAIN COPIES OF YOUR APPLICATION AND SUPPORTING DOCUMENTS.**