

Dear Speech-Language Pathology Assistant:

Enclosed are the forms required for licensure as a Speech-Language Pathology Assistant in the State of Missouri. Included in the packet are:

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

It is suggested that you read the documents and fee page before beginning the process. Next, read the statutes and rules that are located on our website listed above. Besides containing applicant information, the statute governs your professional conduct as a Speech-Language Pathology Assistant 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. Proof that a Speech-Language Pathology Assistant has practiced in Missouri before becoming licensed may be grounds for denial of licensure.

You will be notified in writing one (1) time if your application is deficient in any way. You should allow a minimum of thirty (30) days for processing of your application once you have filed the completed application and the required documents in this office. An answer shall be given for each question on the application. If the question does not apply write N/A-not applicable.

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 Pathology Assistant has misrepresented any material fact is grounds for denial of licensure.

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 ASSISTANT 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) Please provide your home address. B) Indicate home telephone number. C) Indicate your e-mail address.

**Question #3** - A) Indicate your proposed business address. 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** - List all registrations, whether active, inactive, temporary or institutional, in order of attainment.

**Questions #7-9** - If your answer is "yes", provide details on a separate notarized statement. This should include States/Provinces, dates and reasons.

**Questions #10-11** - 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.

**Questions #12-15** - If your answer is "yes", provide the 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.

**Questions #16** - 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.

**Applicant 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.**

**SPEECH-LANGUAGE PATHOLOGY ASSISTANT  
INSTRUCTIONS, DOCUMENTS AND FEE REQUIRED**

1. **APPLICATION FEE** . . . . . \$25.00  
Please submit the fee to the Board 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 it, date it 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 REGISTRATION** - If you have ever held a permanent or temporary license/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 licensed/registered to practice any profession. This form must be received directly from the state board(s). You may copy this form for additional copies.
4. **PHOTOGRAPH** - Recent original photograph must be secured to the application in space provided.
5. **APPLICANT OATH** - All applicants must complete and sign the Oath Section before a Notary Public attesting to the truthfulness of the responses provided on the application form. The Notary must complete the Notarial section as specified.
6. **OFFICIAL TRANSCRIPTS** - All applicants must furnish official transcripts from one or more accredited colleges or universities, confirming a bachelor's degree in Speech-Language Pathology or equivalent. Transcripts shall detail all coursework and document the degree(s) awarded and area(s) of emphasis.

An equivalent degree is a bachelor's degree issued by a program as the prerequisite for entry into a master's degree program that meets the requirements of the council on academic accreditation of the American Speech-Language-Hearing Association or other bachelor's degree with –

  1. At least 21 semester hours in speech-language pathology and/or audiology that address the speech pathology content areas of anatomy and physiology, phonetics, speech-language development, speech-language disorders including both developmental and acquired, and clinical methods;
  2. At least 25 hours of documented clinical observation in the area of speech-language pathology; and
  3. At least 25 hours of documented clinical assisting or clinical practicum experience in the area of speech-language pathology.
7. **DIPLOMA** - Furnish a copy no larger than 8½" x 11" of your original Professional Diploma (no certificates are acceptable).
8. **SOCIAL SECURITY CARD** - Please provide a copy of your Social Security card. 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 in lieu of the Social Security card.

9. **ACTIVITIES STATEMENT** - All applicants must complete an activities statement documenting the following:
  1. Your activities from high school graduation to the present date, or;
  2. Your activities for the last ten years, whichever is most recent.

The activity statement must provide a chronological listing of all your activities, following the above requirement. All dates must be accounted for including all beginning and ending dates, months and years in chronological order. You may be requested 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 or a resume may be enclosed provided it details all time periods.
10. **SUPERVISION AGREEMENT** - The Supervision Agreement form must be completed by: 1) a Speech-Language Pathologist who is licensed with the Board and has been practicing for at least one (1) year; or 2) a Speech-Language Pathologist who is practicing as part of employment with the Federal government for at least one (1) year; or 3) a Speech-Language Pathologist who is certified with the Missouri Department of Elementary and Secondary Education (DESE) for at least one (1) year.

If employment is pending, the above information will have to be submitted after employment begins.
11. **NAME CHANGE** - If your name has changed at any time since birth 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. Naturalization - If you had a name change by naturalization, you will be required to furnish your original Naturalization Certificate to this office for inspection; we will return your original by certified mail.
12. **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.



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**SPEECH-LANGUAGE PATHOLOGY ASSISTANT  
 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 ASSISTANT 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

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

BUSINESS TELEPHONE NUMBER(S)

(     )

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	DEGREE/AREA OF EMPHASIS

6. LIST ALL STATES IN WHICH YOU NOW HOLD OR HAVE HELD A CERTIFICATE OR REGISTRATION TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGY ASSISTANT.

STATE	LICENSE NUMBER	DATES HELD

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

7. 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
8. 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
9. 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
10. 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
11. 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

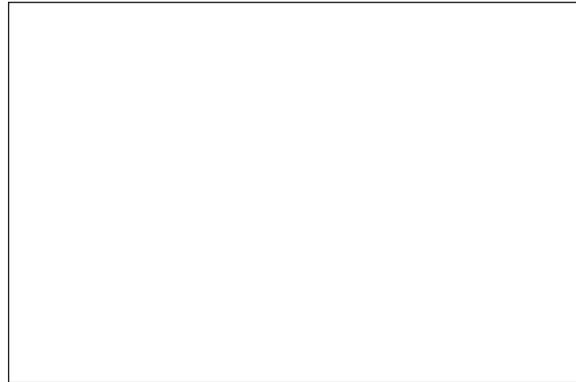
12. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances?  YES  NO
13. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder?  YES  NO
14. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder?  YES  NO
15. 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 assistant?  YES  NO

**16. 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

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



**APPLICANT 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 Assistant 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 as a Speech-Language Pathology Assistant, 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.**

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	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 ASSISTANT  
 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 Assistant, as set forth in  
 Section 345.015 RSMo, and Rules 20 CSR 2150-4.201 - 20 CSR 2150-4.205. I acknowledge that I may only supervise three Speech-  
 Language Pathology Assistants at one time. I also acknowledge the fact that I must verify the registration of the Assistant prior to allowing  
 him/her to begin practicing under my supervision. I acknowledge that I accept legal and ethical responsibilities for supervising the Speech-  
 Language Pathology Assistant.

<b>SUPERVISOR SIGNATURE</b> 	<b>MISSOURI LICENSE NUMBER</b>	<b>DATE</b>
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On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_, the supervisor stated above, appeared before me,  
 \_\_\_\_\_, a Notary Public in and for said state, and signed this Agreement.

**NOTARIZATION AND NOTARY INFORMATION**

STATE	COUNTY
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The individual who signed above 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 EMBOSSEER SEAL
NOTARY PUBLIC PRINTED NAME		



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

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/REGISTRATION STATUS	LICENSE/REGISTRATION NUMBER	ISSUE DATE
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LICENSURE/REGISTRATION 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	



**EXAMINATION ON THE STATUTES, RULES AND REGULATIONS FOR  
SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

**DIRECTIONS**

Enter answers for multiple choice (10) and true/false questions (9) in the section entitled "Answers" on the **Test Compliance Verification**. This is an "open book" examination, created for the purpose of acquainting new registrants 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. The Advisory Commission for Speech-Language Pathologists and Audiologists consists of \_\_\_\_\_ members:
  - a. 5
  - b. 7
  - c. 10
  - d. 4
  
2. 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 equivalent
  - c. be of good moral character
  - d. all of the above
  
3. 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 registration
  - d. all of the above
  
4. If the Board issues a probationary, limited or restricted registration to an applicant, the applicant may file a written petition with the Administrative Hearing Commission within \_\_\_\_\_ days of the effective date of the registration seeking review of the Board's determination.
  - a. 30 days
  - b. 45 days
  - c. 60 days
  - d. 90 days
  
5. A Speech-Language Pathology Assistant's registration must be renewed:
  - a. every 6 months
  - b. annually
  - c. biennially
  - d. every three years
  
6. Any person who practices or holds himself or herself out to be a Speech-Language Pathology Assistant without first having been registered is guilty of a:
  - a. Class B misdemeanor
  - b. Class C misdemeanor
  - c. Class D misdemeanor
  - d. Felony
  
7. After the initial client contact has been conducted, a minimum of one hour per \_\_\_\_\_ of direct supervision shall be provided for each assistant supervised by the Speech-Language Pathologist.
  - a. 60 days
  - b. 30 days
  - c. week
  - d. two weeks

**EXAMINATION ON THE STATUTES, RULES AND REGULATIONS FOR  
SPEECH-LANGUAGE PATHOLOGY ASSISTANTS (CONTINUATION)**

8. The maximum number of Speech-Language Pathology Assistants supervised by one Speech-Language Pathologist shall not exceed \_\_\_\_\_ at one time.
- 2
  - 3
  - 1
  - 4
9. Speech-Language Pathology Assistants shall not:
- Interpret screenings
  - Make diagnostic statements
  - Interpret observations and/or data
  - All of the above
10. The initial fee for registration is a non-refundable fee in the amount of:
- \$50
  - \$25
  - \$20
  - \$100

**TRUE OR FALSE**

- T F Any member of the public may file a written complaint with the Advisory Commission.
- T F All Speech-Language Pathology Assistant registrations expire on January 31 of odd numbered years regardless of the date of issuance.
- T F The supervising Speech-Language Pathologist is responsible for the clinical activities of the Assistant.
- T F The supervising Speech-Language Pathologist is not required to directly supervise the Assistant's initial client contact.
- T F Direct supervision is defined as on-site observation, in view of the Assistant and patient/client/student.
- T F The supervising Speech-Language Pathologist must be available for the purpose of providing guidance and support to the Assistant at all times, which can include but is not limited to, telephone, facsimile, or other electronic communication; face-to-face communication; or other appropriate communication means. If the supervising speech-language pathologist is temporarily unavailable, a qualified speech-language pathologist alternate may be designated to meet this requirement. Written communication shall be provided by the supervising speech-language pathologist to the assistant that identifies the alternate and the period of temporary supervision.
- T F The supervising Speech-Language Pathologist is not required to review and sign all patient/client/student documented progress notes written by the Speech-Language Pathology Assistant.
- T F All applications for registration to practice as a Speech-Language Pathology Assistant must include a statement from a Speech-Language Pathologist holding current, unrestricted licensure to practice in the State of Missouri.
- T F The activities of a Speech-Language Pathology Assistant may include conducting speech-language and hearing screenings without interpretation.



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 Pathologists and Audiologists requires that all applicants for registration as a Speech-Language Pathology Assistant, achieve a passing score on an examination on the Missouri Statutes, Rules and Regulations governing Speech-Language Pathology Assistants.

A passing score is 75% (15 correct out of 20 possible). If you do not achieve a passing score, the examination will be sent to you again for successful completion prior to issuance of a registration. This examination was not designed to "test" your knowledge of the statutes, rules and regulations, but was created for the purpose of acquainting new registrants with the information.

This examination must be completed and returned to the Missouri Board of Healing Arts prior to the issuance of your registration.

The examination is of the "open book" type and you are expected to refer to the Statute 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 question posed by this examination.

SIGNATURE

DATE

**ANSWER SHEET**

Enter answers from examination in this section.

**MULTIPLE CHOICE**

**TRUE/FALSE**

1. \_\_\_\_\_

6. \_\_\_\_\_

1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

5. \_\_\_\_\_

10. \_\_\_\_\_

5. \_\_\_\_\_

**FOR BOARD USE ONLY**

DATE

PASSED (MIN. SCORE 75%)     FAILED



