

# Instructions for the Application to Renew a Provisional License for Speech-Language Pathology or Audiology

Attached are the materials you will need to renew your provisional license 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;
- Clinical Fellowship Plan;
- Documentation of Academic and Practicum Requirements Form;
- Provisional Verification of Licensure 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.

## FEE

The renewal fee is \$20. The Board can accept payment in the form of a personal check, cashier's check, or money order. Please make 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](mailto: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 – 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 C – Practice Information – Anticipated Missouri Practice Address**
  - List the name of the business and complete address of the location in which you will be practicing in Missouri. **This is required for a provisional license to be issued.**
  
- **SECTION D – 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 E – Examination**
  - Indicate whether or not you have taken the Praxis exam.  
*Pursuant to 345.021.2, RSMo, passing Praxis scores are required in order to renew your provisional license.*
  
- **SECTION F – Professional Licenses History**
  - List all states in which you now hold or have held a license to practice as a speech-language pathologist or audiologist. *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 G – 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](mailto: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](mailto: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](mailto: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](mailto: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 H & I – 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.

#### **DOCUMENTS THAT NEED TO BE SUBMITTED**

- **Verification of Licensure** – If you currently hold or have previously held a permanent, temporary or institutional license, certification, registration, in any State/Province (including Canada) to practice in the area of speech-

language pathology or audiology, you will need to request that State/Province to send an official verification of your license directly to the Missouri Board. All licenses 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 license verification(s) and/or submit the Verification of Licensure form directly to the State Board(s).

- **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>
- **Clinical Fellowship Plan** – All applicants are required to submit the Clinical Fellowship Plan Form. The form must be signed by the applicant and the clinical fellowship supervisor. The supervisor must hold a current, full, unrestricted Missouri license in the area in which the applicant seeks licensure. The form may be submitted to the Board by mail, email, or fax.  
*If you change your clinical fellowship site, clinical fellowship supervisor, or the number of hours worked per week, you must submit an amended clinical fellowship plan form no later than four (4) weeks after initiating the change. The change must be approved by the board in order to receive credit*
- **Documentation of Academic and Practicum Requirements Form or Copy of Diploma** – Request for your program director to complete the Documentation of Academic and Practicum Requirements Form and mail the completed form to the Board directly from the academic institution OR provide a copy of your Master's or Doctoral Diploma. A copy of your diploma may be submitted by mail, email, or fax.
- **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).
- **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 processed, you will be notified via email.

When your license has been approved, you can verify the license by using the licensee search on the Board's website <https://pr.mo.gov/licensee-search-division.asp>. A license will also be sent to you via mail.

**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](mailto:licensure@pr.mo.gov).



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**STATE BOARD OF REGISTRATION FOR THE HEALING ARTS**  
**APPLICATION TO RENEW A PROVISIONAL LICENSE FOR**  
**SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD.  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

**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 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 a 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. 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			

**C. PRACTICE INFORMATION - ANTICIPATED MISSOURI PRACTICE ADDRESS (\*This section is required to be completed.)**

NAME OF BUSINESS							
ADDRESS							
CITY				STATE			ZIP

**D. NAMES OF INDIVIDUALS WITH WHOM THE BOARD IS AUTHORIZED TO DISCUSS YOUR FILE**

CONTACT #1 NAME		CONTACT #1 EMAIL			CONTACT #1 PHONE NUMBER		
CONTACT #2 NAME		CONTACT #2 EMAIL			CONTACT #2 PHONE NUMBER		

**E. EXAMINATION**

Have you taken the Praxis exam?     YES     NO

**F. PROFESSIONAL LICENSES HISTORY** List all states in which you now hold or have held a license to practice in the area of speech-language pathology and/or audiology

PROFESSION	STATE IN WHICH HELD	PROFESSION	STATE IN WHICH HELD

## G. 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?  Yes  No
2. Have you made application for licensure, registration or certification in another state, province or country and subsequently withdrawn said application?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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.  Yes  No
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. \_\_\_\_\_

**H. 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 G "Personal History", address updates, malpractice suites, 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.


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

**I. 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
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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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**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**CLINICAL FELLOWSHIP PLAN (RENEWAL)**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD.  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

**APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)**

APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)

AREA IN WHICH PROVISIONAL LICENSURE IS SOUGHT:  
 SPEECH-LANGUAGE PATHOLOGY       AUDIOLOGY

**EMPLOYMENT INFORMATION (TO BE COMPLETED BY APPLICANT AND/OR SUPERVISOR)**

EMPLOYER'S NAME

EMPLOYING AGENCY

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

BUSINESS TELEPHONE NUMBER  
 Extension

**SUPERVISOR INFORMATION**

This form must be signed by a supervisor holding current permanent Missouri licensure, in the area in which the applicant seeks licensure.

SUPERVISOR'S NAME

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

BUSINESS TELEPHONE NUMBER  
 Extension

SPEECH-LANGUAGE PATHOLOGY LICENSE NUMBER \_\_\_\_\_

AUDIOLOGY LICENSE NUMBER \_\_\_\_\_

COMBINED SPEECH AND AUDIOLOGY LICENSE NUMBER \_\_\_\_\_

CLINICAL COMPETENCE HOLDER? YES  NO  AREA \_\_\_\_\_

SUPERVISION PERIOD TO BEGIN ON (SPECIFY THE EXACT MONTH, DAY AND YEAR)	SUPERVISION PERIOD TO CONCLUDE ON (SPECIFY THE EXACT MONTH, DAY AND YEAR)
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**INDICATE THE LENGTH OF CLINICAL FELLOWSHIP AND THE HOURS TO BE WORKED PER WEEK:**

- \_\_\_\_\_ 36 WEEKS OF FULL-TIME PROFESSIONAL EMPLOYMENT OF AT LEAST 35 HOURS PER WEEK
- \_\_\_\_\_ 48 WEEKS OF PART-TIME PROFESSIONAL EMPLOYMENT OF AT LEAST 29 HOURS PER WEEK
- \_\_\_\_\_ 60 WEEKS OF PART-TIME PROFESSIONAL EMPLOYMENT OF AT LEAST 22 HOURS PER WEEK
- \_\_\_\_\_ 72 WEEKS OF PART-TIME PROFESSIONAL EMPLOYMENT OF AT LEAST 17.5 HOURS PER WEEK

The applicant shall spend 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 AGREEMENT**

I have read, discussed and agreed upon the aforementioned information and arrangement. I hereby attest that the information provided in this form is accurate and complete. I further attest that I am the person described and identified on this form, as the supervisor. I agree to sign and submit documentation of completion of this clinical fellowship period on a Board provided form and/or notify the Board of any significant changes to the clinical fellowship plan herein agreed to. I understand that the applicant cannot begin their clinical fellowship until they receive written confirmation that their Missouri provisional license has been issued.

SIGNATURE OF SUPERVISOR

DATE

**APPLICANT AGREEMENT**

I have read, discussed and agreed upon the aforementioned information and arrangement. I hereby attest that the information provided in this form is accurate and complete. I further attest that I am the person described and identified on this form as the applicant for provisional licensure.

SIGNATURE OF APPLICANT

DATE

**The original signature of the supervisor and the original signature of the applicant must both be signed on this same page. Separate pages will not be accepted.**



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**DOCUMENTATION OF ACADEMIC AND PRACTICUM REQUIREMENTS**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD.  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

**SECTION 1 – APPLICANT INFORMATION**

PROVISIONAL LICENSURE APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN) \_\_\_\_\_

AREA IN WHICH LICENSURE IS SOUGHT  
 SPEECH-LANGUAGE PATHOLOGY     AUDIOLOGY

NAME AND ADDRESS OF SCHOOL OF GRADUATION (P.O. BOX, STREET, CITY, STATE, ZIP) \_\_\_\_\_

NAME OF PROGRAM DIRECTOR \_\_\_\_\_

**SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR**

I hereby certify that \_\_\_\_\_, the Provisional Licensure Renewal Applicant named in this document, satisfactorily completed the academic and practicum requirements in:

SPEECH-LANGUAGE PATHOLOGY     AUDIOLOGY

on \_\_\_\_\_ .  
 (DATE)

I further certify that \_\_\_\_\_, is accredited by the American \_\_\_\_\_ UNIVERSITY/COLLEGE PROGRAM NAME

Speech-Language-Hearing Association's Accreditation body in the area in which provisional licensure renewal is sought.

PROGRAM DIRECTOR SIGNATURE _____	DATE _____
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PROGRAM DIRECTOR NAME (PRINTED) _____	TELEPHONE NUMBER _____
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UNIVERSITY SEAL	<b>THIS FORM MUST BE SUBMITTED TO THE BOARD DIRECTLY FROM THE ACADEMIC INSTITUTION</b>
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**A COPY OF THE APPLICANT'S MASTER'S OR DOCTORAL  
DIPLOMA IS ACCEPTABLE IN LIEU OF THIS FORM**





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](mailto: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.

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Name (Please Print)

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Email Address

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Address

---

City, State

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Zip Code

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