

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD

SPEECH-LANGUAGE PATHOLOGY AIDES, ASSOCIATES, & ASSISTANTS REGISTRATION APPLICATION PACKET

This application packet should contain the following information:

- 1.) Four (4) pages of instructions and information
- 2.) A four (4) page application form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2067 or by email at pla4@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT <http://www.in.gov/pla/speech.htm>.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Professional Licensing Agency at (317) 234-2067 or by email at pla4@pla.in.gov. For additional information, please visit our website at www.pla.in.gov.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: SLPA Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable (***outlined in IC § 25-1-8-2(e)***).

APPLICATION FOR REGISTRATION AS SPEECH SUPPORT PERSONNEL

Please note that the registration of SLP Support Personnel has recently changed to the following three-tiered system, based on level of education:

SPEECH-LANGUAGE PATHOLOGY AIDES

The minimum education requirement for an SLP aide is a high school degree or equivalent.

SPEECH-LANGUAGE PATHOLOGY ASSOCIATES

The minimum education requirement for an SLP Associate is an associate degree or its equivalent from an accredited institution in the area of speech-language pathology. The degree program must include at least 60 credit hours with the following coursework requirements:

24 credit hours in technical content course work related speech-language pathology. The core technical skills must include the following:

1. Instruction about normal processes of communication.
2. Instruction targeting the practices and methods of service delivery that are specific to SLP associates
3. Instruction regarding the treatment of communication disorders.
4. Instruction targeting the following workplace behavior and skills:
 - Working with clients or patients in a supportive manner
 - Following supervisor's instructions.
 - Maintaining confidentially
 - Communicating with oral and written forms
 - Following established health and safety precautions.
5. Clinical observation.
6. A minimum of one hundred (100) clock hours of supervised field experience.

SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

The minimum education requirement for an SLP Assistant is a bachelor's degree or its equivalent in communication disorders from an accredited institution.

SLP Assistants are also required to obtain the following amount of clinical experience:

1. One hundred (100) hours of a clinical practicum supervised by a SLP licensed by the Board.

Of the 100 hours, seventy-five (75) hours must be obtained with direct face-to-face patient/client contact in the following categories:

1. A minimum of twenty (20) hours in speech disorders.
2. A minimum of twenty (20) hours in language disorders.
3. The remaining hours may be obtained in any of the following areas:
 - a. Speech disorders.
 - b. Language disorders.
 - c. Hearing disorders.

PLEASE NOTE: It is imperative that the licensed speech-language pathologist, who will be supervising the aide, is familiar with the new requirements regarding supervision of different types of support personnel listed above.

APPLICATION

Mail completed application along with all required documentation listed below to the Indiana Professional Licensing Agency:

SUPPORT PERSONNEL

Complete and sign the portion of the application marked, "This section to be completed by the Speech-Language Pathology Aide" (Pages 1-2). Answer all questions on the application. If additional space is needed, please attach on a separate sheet of paper. **PLEASE INDICATE ON THE CURRENT APPLICATION WHICH LEVEL OF REGISTRATION YOU ARE SEEKING.**

SUPPORT PERSONNEL SUPERVISOR

Complete and sign the portion of the application marked, "This section to be completed by the Supervisor" (Pages 3-4). Answer all questions on the application. If additional space is needed, please attach on a separate sheet of paper.

AFFIDAVIT

If you answer "yes" to any question on page 2 of your application, you must explain fully in a signed and notarized statement, meaning an explanation or statement of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

APPLICATION FEES

Applicants must submit a fifty dollar (\$50) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

PHOTOGRAPH

Applicants must submit one (1) acceptable photograph, taken within eight (8) weeks of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will not be accepted.

OFFICIAL TRANSCRIPT

Applicants must submit an official transcript of grades directly from the school, verifying that the applicant possesses an associate's or bachelor's degree from an accredited academic institution in the area for which the applicant is applying for licensure. Transcripts must be original, official transcripts. Copies will not be accepted. **STUDENT ISSUED TRANSCRIPTS WILL NOT BE ACCEPTED.**

SUPERVISOR'S CURRENT LICENSE

In order to supervise speech-language pathology support personnel, the supervisor **must** hold a current Indiana license as a speech-language pathologist issued by the Indiana Speech-Language Pathology and Audiology Board.

CRIMINAL BACKGROUND CHECK

Pursuant to Senate Enrolled Act 363 an individual applying for a speech-language pathology support personnel registration on July 1, 2011 or after shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check.

Criminal background checks must be obtained after you apply for your support personnel registration with the Board and prior to the issuance of a license.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to www.L1enrollment.com and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.

3. Click [Online Scheduling](#) and choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click “go”.
5. Choose your Agency Name **Professional Licensing Agency** and click “go”.
6. Choose the correct **Applicant Category** for your license type and click “go”.
7. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
8. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.
10. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
11. Complete your payment process and click “Send Payment Information”.
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** of the following with you to your fingerprinting appointment: valid driver license, valid state issued identification card, valid passport, student identification card with picture and date of birth (DOB), work identification card with picture and DOB, valid alien identification card with picture and DOB. If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.
14. Arrive at the facility at your appointed date and time.
15. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the Indiana Professional Licensing Agency. L-1 is never in possession of criminal record data results.

VERIFICATION OF STATE LICENSURE

Applicants must complete the top portion of the Verification of Licensure Form and submit the form to every state where you currently hold or have previously held a license. The remainder of this form must be completed by the appropriate state authority and returned directly from the state board office. **A copy of an applicant's license is not sufficient.** Other states may charge a fee for this service. Please contact that state for fee information. This form may be duplicated if necessary.

NAME CHANGE

If your name differs from that on any of your submitted documentation, you must also submit an official affidavit indicating any legal name change or a notarized copy of a marriage certificate.

CHANGE OF SUPERVISOR

If you are no longer being supervised by the speech-language pathologist listed on your application, a new application must be filed. In order to obtain a new application please call the Indiana Professional Licensing Agency and request a speech-language pathology support personnel application or download an application from our website at <http://www.in.gov/pla/speech.htm>. After your new application and fee are received and approved, you will receive a new registration number.

RENEWAL OF REGISTRATION/CHANGE OF ADDRESS

All support personnel registrations expire on December 31st of each year. A renewal form will be sent to all registrant's sixty (60) days prior to the expiration. Please make sure your address is current at all times with the Indiana Professional Licensing Agency. If you need to report a new address, please put the change of address in writing with your registration number and send it to the Indiana Professional Licensing Agency.