



Vermont Department of Education
Office of Licensing and Professional Standards
120 State Street
Montpelier, VT 05620-2501
(802) 828-2445

Speech Language Pathologist and Audiologist License Application Forms

- INITIAL APPLICATION FORM** - white 4 page folder
- OATH** (*must be notarized*) - white sheet
- PINK MANDATORY “GOOD STANDING” DECLARATION FORM**
You must sign the statement regardless of whether or not you have children, pay taxes in Vermont, were an employer or subject to any fines or fees.
- CONSENT FOR RELEASE OF REGISTRY INFORMATION FORM** – yellow.
- CRIMINAL RECORD CHECK REQUIREMENTS: You must complete either Process # 1 or # 2**

Process # 1 (If you have not had a Vermont Educational Criminal Record Check)

- Complete the **REQUEST FOR CRIMINAL RECORD CHECK FORM** (*Notarized*)
- Complete the **FINGERPRINT AUTHORIZATION CERTIFICATE FORM**
- Check or money order** for \$19.25 payable to the VT Department of Public Safety
We will validate the “Fingerprint Authorization Certificate” and return it to you. You must bring the certificate with you when you have your fingerprints taken

OR

Process # 2 (If you have had a Vermont Educational Criminal Record Check)

- Please read the instructions on the **Authorization** form carefully to see if you qualify.
- Complete the **AUTHORIZATION TO RELEASE CRIMINAL RECORD CHECK INFORMATION FORM** if you have been fingerprinted in Vermont for employment in a school in the past. This form must be sent to the Vermont supervisory union where your criminal record check was completed.
 - You **MUST** enclose a copy of this completed form with your application packet.
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- RETURN POST CARD** – orange Please complete and add postage or include a self addressed stamped envelope with your application.



Vermont Department of Education
Office of Licensing and Professional
Standards
120 State Street
Montpelier, VT 05620-2501

**Application for Vermont
Speech Language Pathologist or Audiologist**

Please type or print clearly. This application will become a permanent document in your file.
Enclose the self-addressed/stamped postcard if you wish to receive notification that your materials
have been received by the Licensing Office.

1. Social Security Number:

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2. Date of Birth: ____/____/____

3. Name: _____
Last First MI

4. Maiden or previous name(s) _____

5. Address: _____
Street/PO Box City/Town State ZIP

6. Sex: F M **7. Phone:** () _____ **8. E-mail:** _____

9. This is an application for which license? SLP Audiologist

10. Do you want to be licensed to work in a school setting?
 Yes If "Yes" you must complete page 4 of this application.
 No If "No" complete pages 1, 2 and 3 only.

Do not write below this line: For Department of Education Use Only

<i>Issued</i>		<i>Expires</i>		1	2
MONTH / DAY	YEAR	MONTH / DAY	YEAR		
		6 /30	201		

11. EDUCATION: The Licensing Office must receive original transcripts confirming all college and university study.

Photocopies of transcripts are not acceptable.

College/University, City/State	Dates Attended	Degree Awarded	Major

12. I MEET THE REQUIREMENTS FOR THIS LICENSE BECAUSE I HOLD THE FOLLOWING:

- American Speech Language Hearing Association (ASHA) Certification of Clinical Competence as a speech language pathologist or audiologist. **Please enclose a copy of your certification.**
- Board certification in audiology from the American Board of Audiology (ABA). **Please enclose a copy of your certification and a copy of your Praxis II scores report.**

OR

- Completion of all three of the following requirements:
 1. A master's degree or higher in speech language pathology or audiology.
Please enclosed an official transcript; and
 2. Completion of the Clinical Fellowship Year* as defined by ASHA or ABA
Please enclose documentation of completion; and
 3. Scores of 600 or higher on the Praxis II examination in speech language pathology (test code 0330) or audiology (test code 0340).
Please send an official copy of your score report.

Notes for # 2:

- * If you are in the process of completing this requirement, you will be issued a special 2-year license.

13. LICENSES CURRENTLY HELD. Submit a copy of each document listed. *(List most recent first.)*

Title of License or Certificate and Issuing State	Issue Date	Expiration Date

14. EMPLOYMENT RECORD *(List most recent first.)*

Name of Institution, School, or Private Practice	State	Dates of Employment

15. Each question below must be answered.

*If the answer to any of the questions “A” through “H” is “yes”, you must attach a complete explanation. A “yes” answer to any of those questions is not an automatic denial of licensure. The circumstances will be investigated and reviewed. If you have previously reported the same incident to the Department of Education, please indicate so. **Question “I” must be answered with a yes.***

	Yes	No	
A.			Have you ever been convicted of a felony or misdemeanor? If yes, please provide a written explanation and specify the court that issued the conviction. Please note that a plea of <i>nolo contendere</i> counts as a conviction of a criminal offense.
B.			Do you have any pending criminal charges? If yes, please provide a written explanation and specify the court that has jurisdiction of the charges.
C.			Have you ever had an adverse action taken against any application, certificate, or professional license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, or cancellation.
D.			Have you ever voluntarily surrendered a professional license or certificate or withdrawn an application for a professional license or certificate?
E.			Is there any adverse action now pending against you in any state by any professional licensing agency or have you been notified of any ongoing or potential investigation or inquiry regarding any professional license?
F.			Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct or incompetence?
G.			Have you ever been disciplined, reprimanded, suspended, removed or discharged from employment or student teaching because of allegations of misconduct or incompetence?
H.			Are you now, or have you ever been, required to register as a sex offender in any jurisdiction of the United States, including any state, territory, commonwealth, the District of Columbia, or military, federal, or tribal jurisdiction?
I.	YES		I acknowledge that the Department of Education may receive updates to my criminal conviction record via VCIC’s subscription service and may use this information to verify my answers to the above questions. I understand that this information will be used for reviewing my suitability for licensure. I further understand that within 30 days of receiving the results of the record check or update, I have the right to appeal the findings in writing to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

Certification and Signature

I certify that the information provided on this application and in supporting documents and attachments is true and complete. I am aware that any falsification, misrepresentation, or misstatement of material information may be cause for a licensing action pursuant to 16 V.S.A § 1698 (1) (F).

Signature _____ Date _____

Endorsement Worksheet

Speech Language Pathologists who wish to work in school settings must complete this sheet.

Please list academic course work and /or practica that fulfill each competency.

Experience may not be used to meet these requirements.

84 – Educational Speech Language Pathologist Endorsement

Instructional Level: Ages 3 – 21

The holder is authorized to provide speech and language services, including case management and comprehensive evaluation services, to individuals age 3 through 21 in a school setting.

Testing Requirement: Praxis I Pre-Professional Skills Tests in Writing, Reading and Math or an approved alternative test (See testing information section of the Instructions for more information.)

Content Topic	College/ University	Course Number	# of Credits	Course Title
Section A <i>Special education law and procedures</i>				
Current state and federal laws, regulations, and procedures governing the referral, identification, evaluation, eligibility determination, educational placement and accommodation of individuals with communication delays and disorders				
Section B <i>The relationship of language and literacy and role of school based SLP</i>				
The impact of receptive or expressive language delays or disorders (including hearing loss or auditory processing disorder) on the acquisition of literacy				
The impact of communication delays and disorders on development across the domains and on the results of other forms of assessment (e.g., psychosocial, cognitive, or vocational)				
Teaching strategies and accommodations which support the learning of individuals with communication delays and disorders, including instructional methodologies and augmentative or alternative communication systems that support language development and/or communication in all modalities				



This form must be
NOTARIZED

Vermont Department of Education
Office of Licensing and Professional Standards
120 State Street
Montpelier, VT 05620-2501
(802) 828-2445

Oath or Affirmation

- I do solemnly swear (or affirm) that I will support the Constitution of the United States and the State of Vermont and the Laws of the United States and of the State of Vermont.

Signature Date

- I am a citizen of a foreign country. Under Title 16 § 12, I am not required to sign this Oath.

Signature Date

To be valid this must be completed by a notary public.
Subscribed and sworn or affirmed before me this ____ day of _____, 200__.

Signature

Title

Mandatory “Good Standing” Declarations

Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3113b, 21 V.S.A. § 1378b and 4 V.S.A. § 1110c you are required to answer the following:

Child Support

You MUST check one:

- I am not subject to a child support order; or
- I am subject to a child support order and I am in good standing or in full compliance; or
- I am not in good standing or in full compliance.

Taxes

You MUST check one:

- I am in good standing in regards to my Vermont Taxes (all returns are filed and paid); or
- I have never lived or worked in Vermont and do not owe Vermont taxes; or
- The liability for any Vermont taxes due and payable is on appeal; or
- I am in compliance with a payment plan approved by Vermont Department of Taxes; or
- I not in good standing in regards to my Vermont taxes.

Unemployment Compensation

You MUST check one:

- This does not apply to me because I have never been an employer in Vermont; or
- No contributions or payments in lieu of contributions are due and payable; or
- The liability for any contributions or payments due and payable is on appeal; or
- I am in compliance with a payment plan approved by the commissioner; or
- I am not in good standing in regards to unemployment compensation.

District Court Fines / Judicial Bureau Fines

You MUST check one:

- I do not have any unpaid judgments; or
- I am in good standing with respect to any unpaid judgments; or
- I am not in good standing in regards to unpaid District Court or Judicial Bureau fines.

Social Security # _____ * Date of Birth _____/_____/19_____

* The disclosure of your social security number is mandatory; it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used in the administration of Vermont law. Your Social Security Number Is Not Subject to Disclosure in a Public Records Request.

Statement of Applicant

I certify that the information stated by me in this application is true and accurate to the best of my knowledge, and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification status.

Signature of Applicant

Date

DIRECTIONS FOR COMPLETING REQUEST FOR CRIMINAL RECORD CHECK

The Vermont Legislature permits the Commissioner of Education to seek criminal record checks through the FBI and other states where you may have resided or been employed previously, when you apply for initial licensure as a professional educator in Vermont. Pursuant to VSA, Title 16, Chapter 5, Subchapter 4, you will be asked to take the following steps with regard to criminal record background checks at the time you apply for initial licensure. The criminal record check must be completed before you can receive a license so it is important that you complete these steps promptly. Please allow at least a period of 12 weeks for processing of a FBI record check.

1. Complete the “Request for Criminal Record Check” form. Be sure to answer all questions completely. You must have the form notarized.
2. Complete the Applicant section of the Fingerprint Authorization Certificate and send it with a check for \$19.25 payable to the **Vermont Department of Public Safety**.
3. We will send the completed “Fingerprint Authorization Certificate” back to you. Bring it with you when you have your fingerprints taken.
4. Call your local police department or State Police barracks and find out the procedure for fingerprinting. (Some departments charge a nominal fee; some require an appointment.) **The fingerprinting agency MUST use the Vermont Livescan process or an FBI Applicant card, white with blue print, form number FD-258. Any other card used will be rejected.**
5. After you have your fingerprints taken, the agency that took them will send them along with the Fingerprint Authorization Certificate to: VCIC- Criminal Record Checks, 103 South Main St, Waterbury Vt, 05641.

Maintenance and Destruction Policy

1. The Vermont Department of Education will provide applicants with an “Authorization to Release Criminal Record Check Information to the Vermont Department of Education” form.
2. An applicant has the right to challenge the accuracy of the record by appealing to the Vermont Criminal Information Center at:

State of Vermont Department of Public Safety Vermont Criminal Information Center
103 South Main Street, Waterbury, VT 05671-2101 Phone: (802) 244-8727
3. The Department of Education will use criminal record information received from VCIC for the purpose intended by law and not disclose the contents of criminal record information without the applicant’s permission to any person other than the applicant and properly designated employees of the Department who have a documented need to know the contents of the record.
4. The Department of Education will maintain a confidential log of all criminal history requests for three years.
5. At the end of the retention period, logs and requests for records will be destroyed.
6. The Department of Education’s criminal history log and all records relating to requests for criminal records are available to the Vermont Criminal Information Center for audit at least once every two years.
7. Any request for criminal record information or dissemination of criminal history information which is inconsistent with VSA Title 16, Chapter 5, Subchapter 4 or VCIC regulations is a violation of state and federal law.

APPLICANT INSTRUCTIONS:

1. Complete applicant section of this form
2. Enclose a check for \$19.25 payable to “ VT Department of Public Safety”
3. Send this form and payment along with your “Request For Criminal Record Check” form and your license application to:

Vermont Department of Education
Office of Licensing and Professional Standards
120 State Street
Montpelier, Vt 05620-2501

4. The Department of Education will complete our portion of the form and return the form to you.
5. You must then bring this form with you when you have your fingerprints taken.
6. The criminal justice agency that takes your prints will send this form along with your prints to: VCIC – Criminal Record Checks

The fingerprint card MUST be an FBI Applicant card, white with blue print, form number FD-258. Any other card used will be rejected by the FBI.

VERMONT CRIMINAL JUSTICE AGENCY USE ONLY:

Live scan prints sent to VCIC under the CIVIL APPLICANT workflow.

TVT: _____ Date Printed: _____

Please mail these forms once a week to VCIC – 103 S. Main Street, Waterbury VT 05671

Inked prints enclosed in this packet.

DO NOT GIVE THE APPLICANT THEIR FINGERPRINT CARD. Please mail the cards along with these forms to VCIC – 103 S. Main Street, Waterbury VT 05671

CRIMINAL JUSTICE AGENCIES OUTSIDE OF VERMONT:

DO NOT GIVE THE APPLICANT THEIR FINGERPRINT CARD.

Please mail the fingerprint card and this form to:
VCIC – Criminal Record Checks
103 South Main St
Waterbury VT 05671



**Vermont Department of Education
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Would you like your contact information accessible to the public?

The Vermont Department of Education's Office of Licensing occasionally receives requests for contact information of licensed SLPs and audiologists in Vermont. We would like to give you the option to release your contact information for these requests (e.g. business address or home address).

If you would like to have your contact information available to the public upon request, please fill out any applicable fields below.

Please fill out and return to the above address

Business Name (if applicable)

Name

Address

City

State

Zip

Phone

Fax

E-Mail

Web Page

Date

Signature

Questions? Please call 802-828-2445.

Office of Educator Licensing
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120 State Street
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Place stamp here.
Post cards returned without a stamp will not be sent.

Instructions:

- Print your name and address on the back of this card.
- Place a stamp in the designated area.**
- Return this postcard with your licensing forms to the Office of Educator Licensing.
- Postcards received without proper postage or your address cannot be returned to you.

Dear Educator:

Thank you for submitting your application materials. They were received on the date indicated.

Please note this is not notification that your materials were complete or have been processed. This is notification that your materials have been received.

We will contact you if any of your materials are incomplete.

Office of Educator Licensing