

APPLICATION PROCESS FOR SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY

Enclosed you will find all the materials necessary to apply for a license to practice Speech-Language Pathology or Audiology in the state of Kansas. It is the desire of the Kansas Department for Aging and Disability Services to make the application process as convenient and effective as possible. Please understand, however, that in all cases the burden of proof in meeting the requirements for licensure is upon the applicant; therefore, you will find it worth your time to carefully review the enclosed information and forms. Receipt of information necessary to efficiently process and evaluate applications is of the utmost importance.

Licensure Standards

- X Possess at least a master's degree or equivalent in Speech-Language Pathology or at least a doctorate degree or equivalent in Audiology
- X Have completed a Clinical Practicum of at least 400 hours, of which at least 325 were completed at the graduate level
- X Have successfully completed a supervised postgraduate professional experience or at least nine months full-time equivalent
- X Have scored at least 600 on the NTE Specialty Area test in Speech-Language Pathology or Audiology, administered by Educational Testing Services.

Temporary License

Temporary licensure is for those who have completed a master's degree and at least 400 clinical practicum hours, but have yet to complete a supervised postgraduate experience or the NTE test, or both. The enclosed application form can be used for either a temporary or full license in either discipline. The fee is \$65.00 and the license is issued for one year, and can be renewed for an additional year upon request and payment of an additional fee.

Please note that a temporary license must be obtained prior to starting your supervised postgraduate experience.

Note: A temporary license may be issued to enable an applicant for reinstatement to complete the continuing education requirements. This license shall be valid for 12 months and shall not be renewed.

Those Licensed in Another State

A license issued by another state may be endorsed if the licensure standards of the other state meet or exceed current Kansas licensure standards. If you are seeking a Kansas license based on endorsement, complete the entire application, provide documentation requested and send the enclosed "Verification of Out-of-State Licensure" form to the licensing board/agency in each state in which you currently or have ever held a license.

Whether seeking Kansas licensure by endorsement or not, if you are currently licensed, or have ever been licensed in another state, you must send the "Verification of Out-of-State Licensure" form to the licensing board/agency in each state in which you currently or have ever held a license to practice speech-language pathology or audiology.

(Over)

Completed Application

An application will be processed only upon the receipt of the completed application, supporting documentation and the applicable licensure fee for full licensure or \$65.00 for a temporary license. **Fees are non-refundable. Checks should be made payable to the “Kansas Department for Aging & Disability or “KDADS.”**

Visa or Master Card may be utilized for payment of fees. If so, charge authorization form must be completed and signed.

Expiration of License/Renewal - Full Licensure

All full licenses, initial and reciprocity, will expire on October 31 of the year that is less than two years from issuance. Thereafter, the license will expire biennially. Acquisition of 20 hours of CE (30 hours for dual licensure) and the renewal fee of \$135.00 will be required to renew (K.A.R. 38-61-5).

Note: Each licensee whose initial licensure period is less than 24 months shall be required to obtain not less than one hour of continuing education for each month in the initial licensure period (not less than one and one quarter hours of continuing education for each month for those holding a dual license).

Licensure in Both Fields

Any person desiring a license in both Speech-Language Pathology and Audiology must make separate application for each license and pay the licensure fee for each.

Assistants - Notification Required

All applicants for full licensure that supervise one or more assistants (as defined in KAR 28-61-8) must complete and submit the “Notice of Assistant” form. Paraprofessionals working within the schools are considered assistants, as are assistants employed in all types of health care facilities, clinics or private practice.

If you have questions regarding any phase of the licensure process, please contact Brenda Kroll by telephone at (785) 296-0061 or by email brenda.kroll@kdads.ks.gov

Packet Enclosures

This packet includes:

- X KSA 65-6501 et seq (the licensure law)
- X KAR 68-61-1 through 28-61-11 (the Administrative Regulations)
- X Application for Licensure
- X All of the forms referenced in applications as supporting documentation

KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES

Application for Reinstatement

Speech-Language Pathology/Audiology

A Speech-Language Pathology/Audiology license may be reinstated upon meeting requirements of KSA 65-6506(c) and KAR 28-61-7. Please complete this application documenting department approved continuing education, return it with \$270.00 reinstatement fee.

License #: _____ Expired: _____

Name: _____
Last First Middle (Other last name used)

Address: _____

City _____ State _____ Zip _____

Social Security Number _____

Work Phone: (____) _____ Home Phone (____) _____

RECORD OF CONTINUING EDUCATION CLOCK HOURS

Last licensure period in Kansas—from _____ to _____

Record program approval number if program was prior approved by KDADS, title, and total clock hours per program. For programs not prior approved, complete all columns except the approval number column. If reinstating within five years of the expiration date, submit evidence that you have accumulated, within the past two calendar years before the date of application for reinstatement, 20 contact hours of continuing education. You must attach verification of attendance for all prior approved programs listed. (If license has lapsed more than five years, please refer to the "Instructions for Reinstatement" sheet.)

Approval Number	Program Title	Date	Hours

(Please complete the remainder of the application on the back of this page.)

Disciplinary Action—This information is required under Kansas law: KSA 65-3503(a)
Has any license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any other disciplinary action? **Y/N**
If YES, please explain:

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y/N** If YES, please indicate:

Date of Conviction: _____

City, County and State of Conviction: _____

Crime of which convicted: _____

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

Λ NOTE: Applicant signature must be notarized.

Signature of Applicant

Date

<p>SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 201_____</p> <p>_____ (Notary Public Signature)</p> <p>My appointment expires: _____</p>

Submit applications, supporting documents and fee to:

**Health Occupations Credentialing
503 S Kansas Ave
Topeka, KS 66603-3404**