

KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES
Health Occupations Credentialing
APPLICATION FOR
SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY

TYPE OF LICENSE

CIRCLE TYPE OF LICENSE:

TEMPORARY: \$65
FULL: \$135
RECIPROCAL: \$135

SPEECH-LANGUAGE PATHOLGY
AUDIOLOGY

Fees pro-rated for partial year licenses. Enclose non-refundable fee: **Payable to KDADS. Personal checks are accepted. Visa or Master Card may be used for payment of fees. Credit Card Authorization Form must be completed and signed to utilize this option.

Submit application, fee, and supporting documentation to

KDADS Health Occupations Credentialing 503 S Kansas Ave Topeka KS 66603

APPLICANT INFORMATION

Name: _____
Last First Mi Other

Address: _____
Street / Route / Box / Apt # City State Zip

Email: _____

Birthdate: _____ SSN _____

Phone: work _____ home _____ cell _____

(attach a copy of your Social Security Card or document bearing your name and Social Security number)

EDUCATION

College/University	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

- Transcripts showing award of a Master's Degree in Speech-Language Pathology and/or Audiology must be sent by the college/university directly to Health Occupations Credentialing.
 - The college/university must be regionally accredited by the United States Department of Education and with American Speech-Language Hearing Association approved program. If you hold a degree or completed course work from a non-accredited institution, you must complete Supplement A. (request from the department)
 - Degrees or transcripts received from schools outside the United States or its territories must be translated and/or evaluated by a validating agency.
-

CLINICAL PRACTICUM

TEMPORARY LICENSE

Single License: Submit documentation on institutional letterhead signed by the college/university program or clinical director verifying completion of 400 clinical practicum hours, of which at least 325 hours were completed at graduate level.

Dual License: Submit documentation on institutional letterhead signed by the college/university program clinical director verifying at least 325 graduate clinical practicum hours in each discipline and that the program is consistent with the standards of the state universities of Kansas, or approved by the Secretary.

FULL/RECIPROCAL LICENSE:

Applicants for a full/reciprocal license must submit either university documentation of clinical practicum OR certificate of clinical competence.

SUPERVISED POSTGRADUATE PROFESSIONAL EXPERIENCE

TEMPORARY LICENSE

Have you completed a supervised postgraduate professional experience of at least 9 months full-time, or it's equivalent? **Y/N**
If **NO**, complete and return the "Supervised Postgraduate Professional Experience Plan".

If **YES**, complete and return the "Supervised Postgraduate Professional Experience Documentation".

FULL/RECIPROCAL LICENSE

Applicants requesting a full/reciprocal license may submit either documentation of completing the experience signed by the supervisor OR a Certificate of Clinical Competence.

EXAMINATION

TEMPORARY LICENSE

Have you taken and passed the NTE Specialty Area Test in Speech-Language Pathology or audiology? **Y/N**
Request that ETS send the results to the department. The department's score recipient code is 7272.

FULL/RECIPROCAL LICENSE

Applicants for a full/reciprocal license may submit verification of passing score OR Certificate of Clinical Competence.

LICENSE IN ANOTHER STATE

List all states in which you have ever held a speech-language pathology and/or audiology license. If applicable, please list the web address for any state that has online license verification.

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

For each state, complete Part I of the "Verification of License" form, request that the state board complete Part II and return to KDADS.

DISCIPLINARY ACTION

This information is required under Kansa law: K.S.A. 65-6506(d)(1) and K.S.A. 65-6508(g)

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 board 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.

Signature of Applicant

Date

PLEASE NOTE: YOUR SIGNATURE MUST BE NOTARIZED

<p>SUBSCRIBED AND SWORN TO before me, the undersigned authority,</p> <p>on this _____ day of _____, 20_____</p> <p>_____</p> <p>(Notary Public)</p> <p>My appointment expires: _____</p>
