KDADS HEALTH OCCUPATIONS CREDENTIALING
Speech-Language Pathologist and Audiologist Checklist for Submission
For FULL licensure

☐ Complete and sign application
  Found at www.kdads.ks.gov/hoc
  Select Applications & Forms from left side menu
  Scroll to Speech Language Pathologist/ Audiologist
  Select Application

☐ Include payment for application fee
  Pro-rated fees for licensure in the month of:
  November $135  December $126.50  January $121
  February $115.50  March $110  April $104.50
  May $99  June $93.50  July $88
  August $82.50  September $77  October $71.50
  Found at www.kdads.ks.gov/hoc
  Select Application & Forms from the left side menu
  Select Credit Card Fee Payment from Universal Forms heading
  *For payment by VISA or MASTERCARD ONLY

☐ Request Official Transcript of Graduate Degree

☐ Include copy of ASHA CCC or AAA
  o SLP – If you do not have CCCs
    ▪ Submit a verification of practicum
    ▪ Complete and sign Postgraduate Professional Experience Plan Documentation (PPD)
      Found at www.kdads.ks.gov/hoc
      Select Applications & Forms from left side menu
      Scroll to Speech Language Pathologist/Audiologist
      Select Postgraduate Professional Experience Plan Documentation
    ▪ Request PRAXIS Score released to Kansas (Code 7272)
  o Au.D. – If you do not have CCCs or AAAs
    ▪ Request PRAXIS score released to Kansas (Code 7272)
  o Verification of licensure from state(s) licensure is/was held.

All materials can be sent via email to:
  wendy.jacobs@ks.gov
  or regular mail to:
  Health Occupations Credentialing
  503 S Kansas Ave, Suite 300c
  Topeka KS 66603-3414
KDADS HEALTH OCCUPATIONS CREDENTIALING
Speech-Language Pathologist and Audiologist Checklist for Submission
For TEMPOARY licensure

- Complete and sign application
  Found at www.kdads.ks.gov/hoc
  Select Applications & Forms from left side menu
  Scroll to Speech Language Pathologist/ Audiologist
  Select Application

- Include payment for application fee - $65
  Found at www.kdads.ks.gov/hoc
  Select Application & Forms from the left side menu
  Select Credit Card Fee Payment from Universal Forms heading
  *For payment by VISA or MASTERCARD ONLY

- Request Verification of Practicum from University Department

- Complete and sign Postgraduate Professional Experience Plan (PPE)
  Found at www.kdads.ks.gov/hoc
  Select Applications & Forms from left side menu
  Scroll to Speech Language Pathologist/Audiologist
  Select Postgraduate Professional Experience Plan

- Request Official Transcript of Graduate Degree
  - Temporary license CAN be issued without the transcript, but full licensure cannot.

All materials can be sent via email to:
wendy.jacobs@ks.gov
or regular mail to:
Health Occupations Credentialing
503 S Kansas Ave, Suite 300c
Topeka KS 66603-3414
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
RECIROCAL: $135

**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.

Military Considerations
(For military applicants and spouses - please provide a copy of your United States Uniformed Services Identification Card)
Are you the spouse of an active-duty military service member and wish to receive expedited processing on that basis? _________
Are you an active-duty military service member? _________
Are you a former military service member? _________
If yes, please provide a copy of your DD214 form with Characterization of Service.

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/RECIROCAL 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
If you answer yes to any misdemeanor/felony/disciplinary question(s) on the application the required documentation must be received by this agency, or your application will be considered incomplete and cannot be processed. If you have questions about the conviction or disciplinary action requirements, please contact Wendy Jacobs at 785.296.0061 or wendy.jacobs@ks.gov. Review the information for an explanation regarding the documentation that must be submitted if you answer “yes” to any of the following questions.

Have you ever been convicted of a felony? Yes _______ No ______
Have you ever been convicted of a Class A misdemeanor? Yes _______ No ______
Have you had a judgement of settlement in civil record? Yes _______ No ______
Do you have any pending criminal case against you for a felony or Class A misdemeanor offense? Yes _____ No ______
Do you presently have any physical or mental conditions or use of drugs or alcohol that could affect your ability to competently and safely practice as a Speech Language Pathologist or an Audiologist? Yes _______ No ______
(If yes, submit an explanatory letter and physician’s release)

Has disciplinary action ever been taken against a Speech Language Pathologist or Audiologist license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction? Yes _______ No ______
(If yes, please provide specific details and copies of all relevant documents.)

Have you ever had a Speech Language Pathologist or Audiologist license denied, revoked, limited, suspended, or publicly or privately censured by a licensing authority? Yes _______ No ______
(If yes, please provide specific details and copies of all relevant documents.)

Are you registered, certified, or licensed in any other profession? Yes _______ No ______
If yes, please list: _______________________________________________________________________________________

Disciplinary Action
If you answer yes to any misdemeanor/felony/disciplinary question(s) on the application the required documentation must be received by this agency, or your application will be considered incomplete and cannot be processed. If you have questions about the conviction or disciplinary action requirements, please contact Wendy Jacobs at 785.296.0061 or wendy.jacobs@ks.gov. Review the information for an explanation regarding the documentation that must be submitted if you answer “yes” to any of the following questions.

Have you ever been convicted of a felony? Yes _______ No ______
Have you ever been convicted of a Class A misdemeanor? Yes _______ No ______
Have you had a judgement of settlement in civil record? Yes _______ No ______
Do you have any pending criminal case against you for a felony or Class A misdemeanor offense? Yes _____ No ______
Do you presently have any physical or mental conditions or use of drugs or alcohol that could affect your ability to competently and safely practice as a Speech Language Pathologist or an Audiologist? Yes _______ No ______
(If yes, submit an explanatory letter and physician’s release)

Has disciplinary action ever been taken against a Speech Language Pathologist or Audiologist license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction? Yes _______ No ______
(If yes, please provide specific details and copies of all relevant documents.)

Have you ever had a Speech Language Pathologist or Audiologist license denied, revoked, limited, suspended, or publicly or privately censured by a licensing authority? Yes _______ No ______
(If yes, please provide specific details and copies of all relevant documents.)

Are you registered, certified, or licensed in any other profession? Yes _______ No ______
If yes, please list: _______________________________________________________________________________________

Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending? Yes _______ No ______
Have you ever allowed any professional license to expire while an investigation or discipline was pending? Yes _____ No ______
Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? Yes__________ No ______
NOTE: Pursuant to state regulations, the agency requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the agency explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again. The applicant shall have the burden of proving that the applicant has been rehabilitated and warrants the public trust.

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 agency 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.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

Signature: ___________________________ Executed on: ________________
(date)

Submit application, fee and supporting documents to:

Health Occupations Credentialing
Kansas Department for Aging and Disability Services
503 S Kansas Ave, Suite 300C
Topeka, Kansas 66603-3404