CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
☐ Application Fee	Refer to application
☐ License Fee	Refer to application
APPLICATION	
☐ Complete forms	**Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.**
CRIMINAL HISTORY RECORD CHECK	
☐ Electronic Fingerprinting	*Only* necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
☐ PCS orders + ***non***-military ID ***OR*** ☐ Statement of Verification from personnel office + ***non*** -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURSIDICTION	
☐ License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.	**One year:** The license or certification by another jurisdiction must have been held for at least one year **Good Standing:** The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

☐ National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query.** If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- Applicant's license in another jurisdiction is not in good standing.
- Applicant's license in another jurisdiction is under investigation for licensing violations.
- Applicant's application for license in another jurisdiction has been denied.
- Applicant has been censured, or had discipline imposed by another licensing authority, the terms and conditions of which have not yet been satisfied.
- Applicant has surrendered membership on any professional staff in any professional association, society, or faculty while under investigation or to avoid adverse action for acts or conduct that would constitute grounds for disciplinary action in this State.
- Applicant has a disqualifying criminal history as determined by the State's licensing authority.

Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.

A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

INSTRUCTIONS FOR FILING & REQUIREMENTS FOR LICENSE - SPEECH PATHOLOGIST or AUDIOLOGIST

Access this form via website at: **cca.hawaii.gov/pvl**
Applicants are subject to requirements in effect at the time of filing.

INSTRUCTIONS TO ALL APPLICANTS

APPLICATION

Complete the on-line fillable form, type, or print ***legibly*** in dark ink. Answer ALL questions and sign the application.

- **Failure to provide all the requested information will delay the processing of your application.**

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:
FEDERAL LAWS:
42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.
HAWAII REVISED STATUTES ("HRS"):
§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

FEES

ATTACH appropriate amount made payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If license will be issued in an EVEN-NUMBERED year, pay $264
*(Application - $50**, License - $76, Compliance Resolution Fund - $100, 1/2 Renewal - $38)*

If license will be issued in an ODD-NUMBERED year, pay $176*
*(Application - $50**, License - $76, Compliance Resolution Fund - $50)*

* *Subject to renewal December 31, odd-numbered year.*
** *Application fee is not refundable.*

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a $25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

BOARD'S ADDRESS

Mail all required items to:

Board of Speech Pathology & Audiology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

(CONTINUED ON PAGE 2)

LAWS & RULES PUBLICATION

The Speech Pathology and Audiology laws, Chapter 468E, HRS, and rules, Chapter 16-100, HAR, are posted on our website at: **cca.hawaii.gov/pvl**. Click on "Speech Pathology and Audiology". Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act is also available.

METHODS OF LICENSURE

CERT. OF CLINICAL COMPETENCE (CCC) AWARDED BY THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)

Contact ASHA at 1-800-638-8255 and have an official "Verification of Certification" letter sent **directly** to the Board indicating that you currently hold the ASHA CCC in speech pathology or audiology. The letter must be dated within six (6) months of the date of your application and must contain your ASHA account number and the date the certificate was issued. You may also visit their website at: www.asha.org.

See attached SAMPLE for acceptable evidence of current certification.

DOCTOR OF AUDIOLOGY

Arrange for the school to send **directly** to the Board, official transcripts (with school seal & authorized signature) verifying the date the doctor of audiology (AuD) degree was conferred.

Arrange for the Educational Testing Service (ETS) to send directly to the Board, official verification of passing the Audiology Praxis Exam.

AMERICAN BOARD OF AUDIOLOGY (ABA) BOARD CERTIFICATION IN AUDIOLOGY

Contact ABA at 1-800-881-5410 or aba@audiology.org and have an official "Credential Verification" letter sent **directly** to the Board indicating that you are Board Certified in Audiology. The letter must be dated within six (6) months of the date of your application and must contain your certificate number and the date the ABA board certification was issued. You may also visit their website at: **www.boardofaudiology.org**.

Arrange for the ETS to send directly to the Board, official verification of passing the Audiology Praxis Exam.

LICENSURE BY EXAMINATION

Before submitting an application for license by examination, it is highly recommended that you review the laws and rules regarding speech pathology and audiology. Section 16-100-20, HAR sets forth the Board's requirements. (See previous section entitled "Laws & Rules Publication" on how to obtain copies.)

DOCUMENTS REQUIRED (Only for Licensure by Examination):
(DISREGARD if you have submitted an ASHA CCC, ABA Board Certification or AuD)

1. Arrange for the school to send directly to the Board, official transcripts (with school seal and authorized signature) verifying the date the master's degree was conferred.*
2. Complete the Clinical Observation and Clinical Practicum Verification Form. A minimum of 375 hours of supervised clinical observation and clinical practicum with individuals who present a variety of communication disorders, which experience shall have been obtained within the training institution or a cooperating program.
3. Complete the Clinical Fellowship Verification Form. A clinical fellowship shall have begun after the academic coursework and clinical practicum were completed and consisted of at least 36 weeks of full-time professional experience or its part-time equivalent under the supervision of an individual possessing the ASHA CCC in the area of practice for which licensure is being sought; or board certification in audiology from the ABA.
4. Three (3) letters of recommendation from supervisors or colleagues on your work experience or university training in speech pathology or audiology.
5. Evidence that you have successfully passed the written examination.** Arrange with the testing service to have the original examination results verifying your passing score sent directly to the Board.

* The Board will recognize a degree equivalent to a master's degree as provided in Section 16-100-20(d), HAR. In addition to all other required documents:

COMPLETE the Verification of Course Work form;
ARRANGE for the school to send **directly** to the Board official transcripts, including the school's seal, verifying the date the bachelor's degree was conferred; and
ARRANGE for the school to send **directly** to the Board official transcripts, including the school's seal, verifying completion of specific coursework as provided in Section 16-100-20(d), HAR.

(CONTINUED ON PAGE 3)

LICENSURE BY EXAMINATION (Cont'd)

** Apply directly to Educational Testing Service (ETS) to take the Praxis II Specialty Area Test in Speech Pathology or Audiology at:

ETS - The Praxis Series
P.O. Box 6051
Princeton, NJ 08541-6051
Phone: 1-609-771-7395 or 1-800-772-9476

www.ets.org/praxis/asha/requirements

REGISTER TEMPORARY SERVICE WITH THE BOARD

If you are not a resident of Hawaii and are not a licensed speech pathologist or audiologist in Hawaii and are performing these services temporarily in Hawaii and in cooperation with a speech pathologist or audiologist licensed in Hawaii, you must register with the Board.

Submit a letter signed by you and the licensee stating the period covered **and** pay a non-refundable $30 fee.

5 working days maximum allowable in any calendar year if you meet requirements for license as provided in Section 468E-5, Hawaii Revised Statutes (possess a master's degree or its equivalent in speech pathology or audiology and meet the requirements for ASHA's CCC in speech pathology or audiology; and passed the Praxis examination.

30 working days maximum allowable in any calendar year if you are licensed in another state with requirements at least equal to Section 468E-5, Hawaii Revised Statutes, or hold ASHA's CCC in speech pathology or audiology.

MAINTAINING A LICENSE

All licenses, regardless of issuance date, expire on December 31 of odd-numbered years. Licenses are subject to renewal on or before license expiration date. About four to six weeks before license expiration date, a courtesy renewal notice/application is mailed to each current licensee at the last known address of record. Therefore, you must inform the Board of changes in your address in writing.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - SPEECH PATHOLOGIST or AUDIOLOGIST

Access this form via website at: **cca.hawaii.gov/pvl**

☐ (Check box only if applying for:) **Temporary Military Spouse License**

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Name (First-Middle)	(Last)
Residence Address (include Apt. No., City, State & Zip Code)	
Mailing Address (**ONLY** if different from residence)	Social Security No.
	Phone No. (days)
	Date of Birth
Other Names Used	

FOR OFFICE USE

☐ Approved ☐ Denied	Initials/Date:
Lic. No.:	Eff. Date:

Check Type of License applying for (one only):
If applying for both licenses, submit 2 separate applications with required documents and fees.

◯ SPEECH PATHOLOGIST

◯ AUDIOLOGIST

Check your answers:

1. Are you at least 18 years of age? ..... ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.? ..... ☐ YES ☐ NO
3. Were you previously licensed in Hawaii? ..... ☐ YES ☐ NO

   If "yes", date: _____ License No.: _____
4. Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? .. ☐ YES ☐ NO
   (EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTS.)
5. Are there any disciplinary actions pending against you? ..... ☐ YES ☐ NO
   (EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTS.)
6. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐ YES ☐ NO
   (EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTS.)

METHOD OF LICENSURE

Check the method of licensure you are seeking (*see attached instructions for explanation of each category*):

☐ ASHA CERTIFICATE OF CLINICAL COMPETENCE ☐ DOCTOR OF AUDIOLOGY DEGREE (AuD)

☐ ABA BOARD CERTIFICATION IN AUDIOLOGY ☐ EXAMINATION

- Provide date you requested letter to be sent to the Board: _____

EDUCATION

Name & Location (city/state) of College/University	Course of Study	Dates (mo/yr) From	Dates (mo/yr) To	Degree Earned

(CONTINUED ON PAGE 2)

Appl	603	$50	1/2 Ren	600	$38
Lic	604	$76	Temp Reg	606	$30
CRF	607	$50/$100	Service Charge	BCF	$25

Print Name of Applicant: _____ Date: _____

Affidavit of Applicant:

I hereby certify that the answers and statements on this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor, Section 710-1017, 436B-19 and 468E-13, Hawaii Revised Statutes.

_____ _____
Signature of Applicant Date

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print name of Individual who is assisting you: _____

Name of Organization: _____

_____ _____
Signature of Applicant Date

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

VERIFICATION OF CERTIFICATION

TO: HI Board of SLP & Audiology
P O BOX 3469
Honolulu, HI 96801

This form serves as the official verification that the individual named below holds a Certificate of Clinical Competence as is issued by the American Speech Language-Hearing Association (ASHA). ASHA certification must be renewed on a yearly basis. Please note the effective date and the valid through date at the bottom of this letter.

ASHA does not issue certification numbers. Certification records are accessible with the account number provided below. If future verification is needed for this individual, please contact the ASHA National Office with this account number.

Reference Name:

ASHA Account Number:

Area of Certification:

Effective Date of Certification: Valid Through:

SAMPLE

April 12, 2012

Re: John Doe, Au.D.
Certificate Number: XXXX

John Doe, Au.D. is Board Certified in Audiology by the American Board of Audiology. Dr. Doe is a certificant in good standing.

Issue Date: 1/27/2005
Current Expiration Date: 01/31/2014

Should you require any additional information, please do not hesitate to contact me here at the American Board of Audiology®

Sincerely,

ABA Certification Manager

SAMPLE

Tel: +1.800.881.5410
Fax: +1.703.790.8631
Email: aba@audiology.org

11730 Plaza America Drive, Suite 300
Reston, VA 20190 USA
www.americanboardofaudiology.org