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

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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.
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.americanboardof audiology.org.

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.

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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.

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**

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR OFFICE USE		
☐ Approved ☐ Denied	Initials/Date:	
Lic. No.:	Eff. Date:	

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	

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

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.