

# REQUIREMENTS & INSTRUCTIONS – SPEECH PATHOLOGIST or AUDIOLOGIST

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## Licensure by Examination or Provisional License

This application is to be used by Audiologists seeking a permanent license (AUD), or by Speech Pathologists seeking a permanent license (SP) or a provisional license to practice in the state of Hawaii. Use this form if you wish to apply by:

⇒ Licensure by Examination      ⇒ Provisional Licensure (Speech Pathologists only)

If you are an Audiologist who wishes to apply by ASHA Certificate of Clinical Competence (CCC) in Audiology, Doctor of Audiology degree (AuD), American Board of Audiology (ABA) certification, or are a Speech Pathologist who wishes to apply by ASHA CCC in Speech Pathology, a separate application is available. You may download the fillable form from our website [cca.hawaii.gov/pvl/speech](http://cca.hawaii.gov/pvl/speech) or contact the Board's office at (808) 586-3000.

Please be advised that all applicants are subject to the requirements in effect the at time of filing. Be further advised there is **no reciprocity** or recognition of an Audiologist or Speech Pathologist license from another state to bypass these requirements for permanent and provisional licensure.

**APPLICATION FORMS** Complete and sign the online fillable application forms *or* type/print legibly in black ink. **Failure to provide all requested information will delay the processing of your application.**

Depending on your chosen pathway to licensure, you will be required to submit some or all of the following forms and supporting information:

- 1) Application for Licensure-SPEECH PATHOLOGIST or AUDIOLOGIST (Licensure by Examination or Provisional License) (SP-01)
- 2) Clinical Observation and Clinical Practicum Verification (SP-05)\*
- 3) Clinical Fellowship Verification (SP-06)\*
- 4) Verification of Clinical Fellowship Supervisor for Provisional License form (SP-07)
- 5) Verification of Coursework (SP-04)
- 6) Official transcripts directly from your institution of higher education
- 7) Three (3) letters of recommendation from supervisors or colleagues on work experience or university training in speech pathology or audiology.
- 8) Evidence of successfully passing the written examination.
- 9) License Verification form (SP-10)\*

\*These forms can be found on the board's website here: [http://cca.hawaii.gov/pvl/boards/speech/application\\_publications/](http://cca.hawaii.gov/pvl/boards/speech/application_publications/)

## 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).

(CONTINUED ON PAGE 2)

**FEES**

⇒ **FOR LICENSURE**

**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.

⇒ **FOR PROVISIONAL LICENSURE**

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

Provisional License (Speech Pathologists) .....\$226  
(Application - \$50\*\*, License - \$76, Administration \$50, Compliance Resolution Fund - \$50)

**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.

**LICENSURE BY EXAMINATION**

**REQUIREMENTS** To be considered by the Board for licensure by examination, applicants must meet the following requirements set forth by §468E, HRS, and §16-100-20, HAR. Before submitting an application for license by examination, it is **highly recommended** that you review the laws and rules regarding speech pathology and audiology. (See section entitled "Laws & Rules Publication" below on how to obtain copies.)

**DEGREE** The applicant must be a graduate of a college or university that is accredited by a regional or specialized accrediting body recognized by the United States Department of Education.

ATTENTION: The Board will recognize a degree equivalent to a master's degree as provided by §16-100-20(d), HAR.

**ASHA ELIGIBILITY** The applicant must be eligible to meet the requirements of ASHA for a certificate of clinical competence in speech pathology, or audiology, or both. The evidence of eligibility shall verify that the applicant has completed:

- (1) A minimum of three hundred seventy-five 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 applicant's training institution or in one of its cooperating programs; and
- (2) A clinical fellowship which shall have:
  - (A) Begun after completion of academic coursework and clinical observation and clinical practicum;
  - (B) Consisted of at least thirty-six weeks of full-time professional experience or its part-time equivalent;
  - (C) Been completed under the supervision of an individual who holds the certificate of clinical competence in the area of practice for which the certificate is sought, or board certification in audiology from the ABA for an audiologist applicant;
  - (D) Consisted of primarily clinical activities; and
  - (E) Required the supervisor to periodically conduct a formal evaluation of the applicant's progress in development of professional skills.

(CONTINUED ON PAGE 3)

**EXAMINATION** The applicant must complete the National Examination in Speech Pathology or the National Examination in Audiology, also known as the Praxis examination in Speech-Language pathology and the Praxis examination in Audiology, administered by the Educational Testing Service (ETS) with passing score determined by ASHA's Council for Clinical Certification in Audiology and Speech-Language Pathology.

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](http://www.ets.org/praxis/asha/requirements)

**LETTERS OF RECOMMENDATION** The applicant must submit three letters of recommendation from the applicant's supervisors or colleagues, or both, on the applicant's work experience or university training in speech pathology or audiology.

**REQUIRED DOCUMENTS**

The following forms and supporting information must be submitted to the Board before being considered for review. Not providing the required documentation in its entirety may prolong the application review process.

**DOCUMENTS TO BE SENT BY APPLICANT:** The following documents should be submitted to the PVL together in the order provided using one of the methods listed in the general information section below.

- APPLICATION FOR LICENSE-SPEECH PATHOLOGIST or AUDIOLOGIST form (SP-01)  
Complete and sign the online fillable application form *or* type/print legibly in black ink.
- CLINICAL OBSERVATION and CLINICAL PRACTICUM VERIFICATION form (SP-05)  
Complete Section I of the "*Clinical Observation and Clinical Practicum*" form and have your supervisor complete Section II. Please note that your supervisor is required to sign the form before a Notary Public.
- CLINICAL FELLOWSHIP VERIFICATION form (SP-06)  
Complete Section I of the "*Clinical Observation and Clinical Practicum*" form and have your supervisor complete Section II. Please note that your supervisor is required to sign the form before a Notary Public.
- LETTERS OF RECOMMENDATION  
Three (3) letters of recommendation from supervisors or colleagues on your work experience or university training in speech pathology or audiology.

**DOCUMENTS TO BE SENT BY 3<sup>rd</sup> PARTY ON BEHALF OF APPLICANT:** The following documents must be sent directly to the PVL using the means described for each item.

- OFFICIAL TRANSCRIPTS  
Arrange with the college or university to send directly to the board an official transcript to verify your master's degree or its equivalent in speech pathology or audiology.
- PRAXIS EXAMINATION  
Arrange to have ETS send directly to the board an official verification of your examination result showing the score and date of the examination taken. You can view the instructions how here:  
<https://www.ets.org/praxis/scores/send/>
- LICENSE VERIFICATION  
Arrange to have any state in which you are licensed to submit an official verification of licensure using the submission options below in the General Information section.

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**ADDITIONAL DOCUMENTS:** The following documents should be submitted to the PVL together with the above documents if you are verifying equivalence to a master's degree.

- VERIFICATION OF COURSEWORK form (SP-04)

Complete the entire form using courses that are identified on your official transcripts of your bachelor's degree.

## PROVISIONAL LICENSE (Speech Pathologists Only)

**REQUIREMENTS** To be considered by the Board for provisional licensure, applicants must meet the following requirements set forth by §468E, HRS, and §16-100-20, HAR.

**DEGREE** The applicant must possess at a minimum a master's degree in the area of speech pathology from an educational institution recognized by the board.

**SUPERVISION** The applicant must engage in clinical or academic practice under the supervision of a licensed speech pathologist during the period of time needed to fulfill the necessary requirements for licensure as a speech pathologist pursuant to section 468E-5; provided that the licensed speech pathologist possesses an American Speech-Language-Hearing Association certificate of clinical competence and is in good standing with the board.

**REQUIRED DOCUMENTS** The following forms and supporting information must be submitted to the Board before being considered for review. Not providing the required documentation in its entirety may prolong the application review process.

- APPLICATION FOR LICENSE-SPEECH PATHOLOGIST or AUDIOLOGIST form (SP-01)

Complete and sign the online fillable application form *or* type/print legibly in black ink.

- CLINICAL OBSERVATION and CLINICAL PRACTICUM VERIFICATION form (SP-05)

Complete Section I of the "*Clinical Observation and Clinical Practicum*" form and have your supervisor complete Section II. Please note that your supervisor is required to sign the form before a Notary Public.

- VERIFICATION OF CLINICAL FELLOWSHIP SUPERVISOR form (SP-07)

Complete Section I of the "*Verification of Clinical Fellowship Supervisor*" form and have your supervisor complete Section II. Please note that your supervisor is required to sign the form before a Notary Public.

**DOCUMENTS TO BE SENT BY 3<sup>rd</sup> PARTY ON BEHALF OF APPLICANT:** The following documents must be sent directly to the PVL using the means described for each item.

- OFFICIAL TRANSCRIPTS

Arrange with the college or university to send directly to the board an official transcript to verify your master's degree or its equivalent in speech pathology or audiology.

**Please Note:** Except for your official transcripts, which must be sent directly to the Board by your educational institution, all documents should be submitted to the PVL together using one of the methods listed in the general information section below.

### IMPORTANT INFORMATION

- 1) A provisional license shall be valid for one (1) year from the date of issuance and may be renewed for an additional one-year period if needed to fulfill the requirements for licensure as a speech pathologist pursuant to section 468E-5.
- 2) **PROVISIONAL LICENSE RENEWAL:** If you wish to renew your provisional license you will need to submit a new "*Application for Licensure*" form (SP-01), "*Verification of Clinical Fellowship Supervisor*" form (SP-07), and appropriate fees.

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## GENERAL INFORMATION

### BOARD'S ADDRESS

Mail all required items to:

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

Deliver to office location at:

335 Merchant Street, Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

### 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 Release of Information to Third Party section found on the second page of the application form (SP-01). Do not forget to sign and date.

### BIENNIAL RENEWAL

All licenses, regardless of issuance date, **expire on December 31 of each odd-numbered year** and are subject to renewal. Renewal notices are mailed to current licensees at their last known address about 2 months prior to the license expiration date. To ensure receipt of the renewal notice, keep the Board informed of your address.

### LAWS AND RULES

To obtain a copy of the laws, Chapter 468E, Hawaii Revised Statutes, and rules, Chapter 100, Hawaii Administrative Rules, send a written request to: *Board of Speech Pathology and Audiology, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 468E and Chapter 100.

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Psychologist".

### 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.

### "YES" RESPONSE(S) TO QUESTIONS #6,7, and 8

Questions (6) and (7) on the Application for Licensure form (SP-01) refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license and you must submit the following:

- A statement signed by you explaining the circumstances; and
- Certified copies of any documents from the state agency, including final orders, petitions, complaints, finding of facts and conclusions of law, and any other relevant documents;

Question (8) refers to criminal convictions that have not been annulled or expunged, and you must submit the following:

- A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
- Copies of any court records, orders, or other documents that state the facts and statutes upon which the applicant was convicted, the verdict of the court with regard to that conviction, the sentence imposed, and the actual terms of the sentence, including probation or parole requirements;
- Affidavits from any parole officer, employer, or other persons who can attest to a firm belief that the applicant has been sufficiently rehabilitated to warrant public trust.

If you answered "yes" to questions (6), (7), or (8), your application may be reviewed at a board meeting, if you have provided all applicable information and documents as described above. The Board will not review incomplete applications.

# APPLICATION FOR LICENSE - SPEECH PATHOLOGIST or AUDIOLOGIST

## Licensure by Examination or Provisional License

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Name (First-Middle)	(Last)	<b>FOR OFFICE USE</b>	<input type="checkbox"/> Approved	Initials/Date:	
Other Names Used	Date of Birth		<input type="checkbox"/> Denied	Lic. No.:	Eff. Date:
Residence Address (include Apt. No., City, State & Zip Code)					
Mailing Address ( <b>ONLY</b> if different from residence)	Social Security No.				
	Phone No. (days)				
	Email Address				
Check Type of License applying for (one only): <i>If applying for both licenses, submit 2 separate applications with required documents and fees.</i>					
<input type="radio"/> SPEECH PATHOLOGIST <input type="radio"/> 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. Are you currently or have you been previously licensed in another state? .....  YES  NO  
     If so which state(s): \_\_\_\_\_
5. Did you request license verifications be sent by all states you are or were licensed in? .....  YES  NO
6. Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? . . .  YES  NO
7. Are there any disciplinary actions pending against you? .....  YES  NO
8. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO

**SEE THE ATTACHED INSTRUCTIONS (SP-00) REGARDING "YES" RESPONSES TO #6, 7, and 8)**

<b>METHOD OF LICENSURE</b>	Check the method of licensure you are seeking ( <i>see attached instructions for explanation of each category</i> )				
	<input type="checkbox"/> LICENSURE BY EXAMINATION	<input type="checkbox"/> PROVISIONAL LICENSURE (Speech Pathologists only)			
		<input type="checkbox"/> PROVISIONAL LICENSURE (Renewal Request)			
<b>EDUCATION</b>	<b>Name &amp; Location (city/state) of College/University</b>	<b>Course of Study</b>	<b>Dates (mo/yr)</b>		<b>Degree Earned</b>
			<b>From</b>	<b>To</b>	

(CONTINUED ON PAGE 2)

Appl . . . . . 603 .....\$50	1/2 Ren . . . . . 600 ..... \$38
Lic . . . . . 604.....\$76	Service Charge . . . . . BCF ..... \$25
Admin . . . . .605.....\$50	
CRF . . . . . 607 .....\$50/\$100	

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

## Verification of Clinical Fellowship Supervisor-Provisional License (Speech Pathologist only)

Access this form via website at: [hawaii.gov/dcca/pvl](http://hawaii.gov/dcca/pvl)

**INSTRUCTIONS TO THE APPLICANT:**

Complete Section 1, then have your supervisor complete Section 2 to verify their credentials to supervise your clinical fellowship. **Please note that your supervisor must sign the form before a notary public.** When both parties have completed their sections, attach the completed form to your application for submission it to the Board.

Section 1: APPLICANT	Name (First-Middle)	(Last)	Social Security No.
	Address (include apt. no., city, state & zip code)		Phone No.
			Date of Birth
	Signature of Applicant:		Date:

**TO THE SUPERVISOR:** *The person named above is applying for a speech pathologist provisional license in Hawaii. Please complete Section 2 to verify the applicant will complete the clinical fellowship under your supervision, sign the form before a notary public, then return the completed form to the applicant.*  
*To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.*

Planned Clinical Fellowship Experience Dates		Position Held	Name of Training Site Address, City, State
From	To		
/ _____ Month    Year	/ _____ Month    Year		

**Affidavit of the Supervisor:** Please attach a signed affidavit describing the clinical setting and the duties that the applicant will perform under your supervision during the clinical fellowship year ("CFY").

- Please confirm the CFY will meet the following requirements:
- YES  NO    The CFY will begin after academic coursework and clinical observation and clinical practicum are completed.
  - YES  NO    The CFY consists of at least thirty-six weeks of full-time professional experience or its part-time equivalent.
  - YES  NO    The CFY consists primarily of clinical activities.

- I hereby attest that:
1. I will supervise the clinical fellowship of \_\_\_\_\_ during the calendar period indicated above;
  2. I hold an ASHA certificate of clinical competence in speech pathology; and this certification will remain current throughout my supervision of the above applicant's clinical fellowship; and
  3. I hold a Speech Pathologist License in Hawaii that is current and in good standing: (Lic. No.) \_\_\_\_\_

I further certify that the statements and information provided on this verification of clinical fellowship supervision and attached documents are true and correct.

Address: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Print your name: \_\_\_\_\_ Phone No.: \_\_\_\_\_



Verification of Clinical Fellowship Supervisor (continued)

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Section 2: SUPERVISOR (continued)</b>	Name: _____										
	Area of ASHA Certification: _____										
	ASHA Account Number: _____										
	Effective Date of Certification: _____										
	Valid Through: _____										
	HI License #: _____										
<table border="1"><tr><td colspan="2">Subscribed and sworn to before me this</td></tr><tr><td>_____ day of _____, A.D. 20_____.</td><td></td></tr><tr><td>Notary Public, State of: _____</td><td></td></tr><tr><td>My commission expires: _____</td><td></td></tr><tr><td>Print Name:</td><td></td></tr></table>		Subscribed and sworn to before me this		_____ day of _____, A.D. 20_____.		Notary Public, State of: _____		My commission expires: _____		Print Name:	
Subscribed and sworn to before me this											
_____ day of _____, A.D. 20_____.											
Notary Public, State of: _____											
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Print Name:											
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**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.