

REQUIREMENTS & INSTRUCTIONS – SPEECH PATHOLOGIST or AUDIOLOGIST

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

APPLICATION TO REGISTER TEMPORARY SERVICES

This application is to be used by Audiologists (AUD), or by Speech Pathologists (SP) seeking to Register Temporary Services.

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 to provide temporary services.

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 provide temporary services, you will be required to submit some or all of the following forms and supporting information:

- 1) Application to Register Temporary Services-SPEECH PATHOLOGIST or AUDIOLOGIST (SP-08)
- 2) Joint Letter of Sponsor Certification
- 3) Clinical Observation and Clinical Practicum Verification (SP-05)*
- 4) Clinical Fellowship Verification (SP-06)*
- 5) American Speech-Language-Hearing Association (“ASHA”) Certificate of Clinical Competence (“CCC”) verification
- 6) American Board of Audiology (“ABA”) Certified Credential Holder verification
- 7) Official transcripts directly from your institution of higher education
- 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/

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.)

Registration of Temporary Services.....**\$30**

NOTE: *One of the numerous legal requirements that you must meet in order for your temporary service to be registered is the payment of fees as set forth in this application. You may be sent a registration confirmation 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.*

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REGISTER TEMPORARY SERVICE WITH THE BOARD

ATTENTION

- ⇒ Applicants who are not licensed in any jurisdiction, including Hawaii, may perform temporary services for no more than (5) working days in any calendar year if granted by the Board.
- ⇒ Applicants who are not licensed in Hawaii but are licensed in a state with established licensure requirements at least equivalent to those established by §468E-5, HRS may perform temporary services for no more than (30) working days in any calendar year if granted by the Board.

REQUIREMENTS To be considered by the board to register temporary services, applicants must meet the following requirements set forth by §468E-4(8), and §468E-5, HRS and §16-100-12, HAR.

EDUCATION	The applicant must possess at least a master's degree or its equivalent in the area of speech pathology or audiology, as the case may be, from an educational institution recognized by the board.
ASHA ELIGIBILITY	The applicant must submit to the board evidence of eligibility for meeting the requirements of the American Speech-Language-Hearing Association for the certificate of clinical competence in speech pathology or audiology, or both. Please Note: Pursuant to §16-100-20(g) a <u>doctor of audiology (AuD)</u> degree or <u>board certification in audiology from the ABA</u> meets the eligibility requirements of an ASHA certificate of clinical competence in audiology.
EXAMINATION	The applicant must pass a written examination approved by the board.
SPONSORING LICENSEE	The applicant must provide proof that a Hawaii licensee (Speech Pathologist or Audiologist) will act as a sponsor certifying the temporary service.

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.

OPTION #1: MEET REQUIREMENTS FOR LICENSURE

Applicants who use this option provide proof that they meet the requirements for licensure in the state of Hawaii, or are licensed in a state established licensure requirements which are at least equivalent to those established by §468E-5, HRS

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 info.

- APPLICATION FOR LICENSE-SPEECH PATHOLOGIST or AUDIOLOGIST form (SP-08)
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.
- JOINT LETTER OF SPONSOR CERTIFICATION
Submit letter addressed to the Hawaii Board of Speech Pathology and Audiology, signed by you and the sponsoring licensee, which outlines the temporary services being certified by the licensee and the period of coverage.

(CONTINUED ON PAGE 5)

DOCUMENTS TO BE SENT BY 3rd 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 results showing the score and date the examination was taken. You can view the instructions how here: <https://www.ets.org/praxis/scores/send/>

- LICENSE VERIFICATION

Arrange to have all states in which you were or are currently licensed to submit an official verification of licensure using their own form or the board's (SP-10) to the mailing address in the General Information section below.

OPTION #2: APPLICANTS WHO HOLD ASHA CCC / ABA CERTIFIED CREDENTIAL / DOCTOR OF AUDIOLOGY

DOCUMENTS TO BE SENT BY APPLICANT: The following documents should be submitted with the required fee to the PVL together in the order provided using one of the methods listed in the general info.

⇒ If you are applying by ASHA or ABA certification you must submit #'s 1, 2, 3, and 4

⇒ If you are applying by Doctor of Audiology you must submit #'s 1, 2, 4, and 5

1. APPLICATION FOR LICENSE-SPEECH PATHOLOGIST or AUDIOLOGIST form (SP-08)

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

2. LETTER OF SPONSOR CERTIFICATION

Submit letter addressed to the Hawaii Board of Speech Pathology and Audiology, signed by you and the sponsoring licensee, which outlines the temporary services being certified and the coverage period. *Required for all applicants.*

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

3. ASHA VERIFICATION OF CERTIFICATION letter or ABA VERIFICATION OF CERTIFICATION letter

Arrange with ASHA to send directly to the board an official letter verifying the status of your Certificate of Clinical Competence. 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.

Or,

Arrange with ABA to send directly to the board an official letter verifying the status of your Board Certified credential. Contact ABA at 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: audiology.org.

4. LICENSE VERIFICATION

Arrange to have all states in which you were or are currently licensed to submit an official verification of licensure using their own form or the board's (SP-10) to the mailing address in the General Information section below.

5. OFFICIAL TRANSCRIPTS

Arrange with the college or university to send official transcripts verifying you hold a Doctor of Audiology directly to the board using the mailing address in the General Information section below or to the board email psychology@dcca.hawaii.gov.

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GENERAL INFORMATION

BOARD'S ADDRESS

Mail all required items to:

Board of Speech Pathology and 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-08). Do not forget to sign and date.

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. Click on "Speech Pathology and Audiology", or use: http://cca.hawaii.gov/pvl/boards/speech/statute_rules/.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

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

Questions (6) and (7) on the Application for Licensure form (SP-09) 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.

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READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Name (First-Middle)	(Last)	FOR OFFICE USE	<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 (ONLY if different from residence)	Social Security No.				
	Phone No. (days)				
	Email Address				
Check duration of temporary services you are requesting: <input type="radio"/> 5 Days <input type="radio"/> 30 days					

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 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-08) REGARDING "YES"RESPONSES TO #6, 7, and 8)

APPLYING BY	Check the method of licensure you are seeking (<i>see attached instructions for explanation of each category</i>)				
	<input type="checkbox"/> MEET REQUIREMENTS FOR LICENSURE (HRS §468E-5)		<input type="checkbox"/> ASHA CERTIFICATE OF CLINICAL COMPETENCY		
<input type="checkbox"/> ABA CERTIFIED CREDENTIAL HOLDER		<input type="checkbox"/> DOCTOR OF AUDIOLOGY DEGREE (AuD)			
EDUCATION	Name & Location (city/state) of College/University	Course of Study	Dates (mo/yr)		Degree Earned
			From	To	

(CONTINUED ON PAGE 2)

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.