

Speech-Language Pathologist – Limited License Application Checklist

Please read all instructions on this checklist before completing and submitting this application.

Print legibly on application and Law and Regulation Examination.

I. All Applicants Must Submit:

- \$100.00 Fee (make check or money order payable: Board of SLP)
- A recent 2x2 passport size color photo
- Signed and Notarized Application
- Completed Law and Regulation Examination (see note)
- Proof of Fingerprinting for Criminal History Records Check

Note: The Law and Regulation Examination is an open book examination. An applicant must score at least 75 percent on the Examination. Applicants can download the examination from the Board’s web site at <https://health.maryland.gov/boardsahs/Pages/Index.aspx>. Use the Forms Link to download a copy of the law examination. To complete the examination, refer to the law and regulation reference number included with the questions. Use the “Statute and Regulations” link underneath the Regulations heading on the left side of the Board’s web site to access the laws and regulations to answer the questions. A license will **not** be issued unless the Law and Regulation Examination has been successfully passed. Submit the Law and Regulation Examination with the main application.

Note: Criminal History Records Check

Effective October 1, 2016 an applicant for initial licensure must submit evidence to the Board of an application for a criminal history records check (CHRC).

Information and forms regarding the required CHRC is on the Board’s Forms page (click on Forms in the Menu section).

An application for licensure will not be processed until the application is complete, including submitting evidence of a criminal history records fingerprint receipt, and the required CJIS-issued reports have been received by the Board.

All applicants should download, fill out, and print the Board’s pre-filled LiveScan Pre-Registration Form. The form has relevant Board-specific information already on the form. This form must be presented to the fingerprinting service.

Application form found on the Forms page under the Menu on the Board’s website.

In-state applicants and out-of-state applicants near Maryland may go to an authorized fingerprinting location in Maryland. The Forms page on the Board’s website provides a link to the Department of Public Safety & Correctional Services’ list of authorized fingerprinting locations.

Out-of-state applicants must contact the Board at 410-764-4725 to request an official out-of-state fingerprint card and instructions to be mailed directly to the applicant before submission of an application for licensure to this Board. The CHRC requirement is in addition to answering the disciplinary questions in the application.

II. All Applicants Must Submit the Following Documents:

Official Master's Transcript: Official transcript must show degree conferred date. For new graduates the Board will accept a letter from the Department Chair stating that applicant has **completed** all coursework and clinical practicum if transcript does not yet show the degree as having been awarded. The Department Chair letter must also include the date that the degree will be **conferred** and the school's accrediting body and status by CAA or ACAE. **The conferred date must be before the date that an application is approved by the Board. If the degree has not been conferred yet at the time of the Board meeting, it will not be approved until after the degree has been conferred at the next Board meeting.** An applicant obtaining a limited license via Department Chair letter must request from the educational institution the official transcript directly to the Board – the official transcript is due to the Board no later than 60 days after the limited license has been issued. Undergraduate transcripts do not need to be submitted to the Board.

Clinical Fellowship Year Plan (Form AS2)

Note: A supervisor must be a licensed speech-language pathologist in the State of Maryland or if the supervisor is exempt from the licensure requirements the supervisor must hold the ASHA Certificate of Clinical Competency.

Note: A Form AS2, Verification of Supervision for Limited Licensure/Clinical Fellowship Year, must be submitted for each supervisor during the period of limited licensure and for any change in the number of hours practicing per week.

Note: Applicants for a limited license who have completed some of the required nine months of supervised practice in another state must submit a Form AS2 and a Form AS3 completed by their supervisor in the other state to obtain credit for supervised practice in that state.

TOEFL Scores

English as a Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of 80% within the previous two years from the date of the application. A copy of your exam scores must be submitted with your application.

Application Processing

Applications are processed continuously in the order received at the Board office. Applications are only forwarded for Board approval when complete. Complete applications include proof of fingerprinting for the required criminal history records check and both the Maryland and FBI required CJIS-issued reports having been received by the Board. Please note, that CJIS will not discuss any fingerprint report statuses with anyone but the applicant.

Some applications for limited licensure require Board-approval. These applications are processed after the Board has voted and made a decision at a Board meeting.

There is no expediting of the approval of applications under any circumstances.

Applications must be approved by the Board at monthly Board meetings. Applications should be received at the Board office one week prior to the next Board meeting, for the best chance to be reviewed for completion or they may not be approved until the following Board meeting.

Notice of Administrative Closure of Application: Pursuant to COMAR 10.41.03.08 the Board may administratively close an application if the application remains incomplete one year after the application was received.

Requirements for Clinical Fellowship Year (CFY)

CFY Time Requirements:

The CFY must be started within two years after completion of the academic coursework and clinical practicum requirements and must then be completed within 24 months, unless extenuating circumstances have not permitted an applicant to do so, and are approved by the Board. The CFY can be completed either by full-time or part-time professional employment. See the requirements on this sheet for full-time or part-time professional employment to meet the supervised practice requirement.

Full-Time Requirement Is As Follows:

30 or more hours per week for a minimum of 9 months

Part-Time Requirements Are As Follows:

15-19 hours per week – must work a minimum of 18 months

20-24 hours per week – must work a minimum of 15 months

25-29 hours per week – must work a minimum of 12 months

At least 80% of the CFY work must be in direct client contact which includes assessment/diagnosis/evaluation, screening, habilitation/rehabilitation, and activities related to client management.

The Board will not approve a CFY of less than 15 hours per week.

Form AS2:

An applicant for a Limited License shall submit a Form AS2, Verification of Supervision for Limited License Clinical Fellowship Year, with the application to the Board. **The applicant may not begin practicing until the Limited License Application is approved by the Board and the license has been issued.** A Limited License authorizes the applicant to practice only in the setting and under the supervision of the person specified on the Form AS2.

A change in supervisor and/or employment requires Board approval prior to the limited licensee beginning to practice under the new supervisor. The limited licensee and the new supervisor must submit a new Form AS2 to the Board for review.

CFY Supervision Requirements:

The supervisor shall provide a minimum of 36 hours of supervisory activities during the clinical fellowship year. Additionally, a minimum of two hours of other monitoring activities each
September, 2020

month are to be provided by the supervisor.

National Examination Score Report:

The Limited Licensee must request a copy of the National Examination, the Praxis Exam, to be sent to the Board.

Applicants for a limited license in speech-language pathology are strongly encouraged to contact ETS to ensure that the Board can view Praxis score reports via the ETS' score reporting system.

A copy of the Praxis exam score report is not required to obtain a limited license, but it is required to be on file to transfer the limited license to a full license when the supervised practice requirement has been met.

Renewal of Limited License as a Speech-Language Pathologist

If an individual that holds a limited license as a speech-language pathologist is unable to obtain at least 9 months of supervised practice as a full-time limited licensee or obtain the specified months of supervised practice as a part-time limited licensee the individual may renew the limited license for an additional year.

The limited license renewal form and the \$25.00 renewal fee must be submitted at least 30 days prior to the expiration of the limited license. An individual with a renewed limited license is eligible for transfer to a full license provided the minimum number of supervised months has been completed prior to the expiration date of the second year of limited licensure.

If an individual fails to obtain the minimum of 9 months of supervision within the two years of limited licensure the individual must wait an additional year after the expiration of the renewed limited license before the individual can reapply for a limited license as a speech-language pathologist.

Transfer of Limited License to Full License

Upon completion of the CFY (i.e., nine months of supervised practice), the Limited Licensee shall submit to the Board a **Form AS3**, Verification of Satisfactory Completion of CFY, completed by the supervisor. If the CFY was conducted in more than one setting, or under more than one supervisor, a separate Form AS3 must be submitted for each setting or supervisor.

An individual holding a limited license as a speech-language pathologist will be transferred to a full license provided the individual has met all the licensure requirements, the application is complete, and the limited licensee has been supervised for at least 9 months. The Form AS3 must be received by the Board no sooner than the 9 months of supervised practice ends and no later than 30 days prior to expiration of the limited license.

The Limited Licensee must ensure that the Board has a copy of the Praxis Examination scores.

Transfer of a limited license to a full license does not require submission of any other documents provided the licensure file is complete and the limited license is still valid and unexpired. A \$150 fee made payable to the Board of Examiners for AHS is required to complete the application for full licensure.

The expiration date of an initial full license will be May 31st of the following year.

Continuing Education

Continuing education is a requirement to renew a full license. The continuing education requirement is prorated for most new licensees depending on the issuance date of the full license. Information regarding the amount of continuing education required to renew the license is issued to new licensees via e-mail and is posted to the Board's website.

The continuing education requirement for renewing a speech-language pathology license that has already been renewed once, is 30 hours or 3.0 CEUs (.1 CEUs = 1 hour of CEUs). **The continuing education cycle is not concurrent with the license cycle.** The continuing education cycle is the two calendar years preceding the expiration date of the license through to December 31st. For example, if your license expires on 5/31/2020, in order to renew your license you must submit evidence of 30 hours of continuing education completed between 1/1/2018 and 12/31/2019 for the 2020 renewal.

Continuing education is not required to renew a limited license.

Applicants are advised to do the following:

Keep a copy of this application checklist.

Print a copy of the application for your records.

Provide an e-mail address on the application that is a frequently checked account.

Submit an application form currently in use by the Board.

Applicants are strongly advised the following:

Do not fax the application to the Board.

Do not increase or reduce the size of the application in any manner.

Do not use white-out on the application.

Maryland Department of Health
**Board of Examiners for Audiologists, Hearing Aid Dispensers
and Speech-Language Pathologists**

4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone 410-764-4725 Fax 410-358-0273
TTY-Maryland Relay Service 1-800-735-2258

Application for a Limited License as a Speech-Language Pathologist

Please Read The Application Checklist Before Completing Application Below:

1. Name _____
Last First Middle/Maiden

2. Home Address _____
Street Apt.

_____ City State Zip Code

3. Home Phone _____ Alternate # _____

Email _____

4. Date of Birth _____ Social Security # _____

5. What is your first language? English Other _____

6. Have you previously been licensed in the State of Maryland? _____ If yes,

License # _____ Date Expired _____

7. Have you ever pled guilty, nolo contendere, or been convicted of or received probation before judgment of any criminal act (excluding minor traffic violations)? _____ No _____ Yes

If "Yes" you must submit (1) a complete explanation discussing your case(s), subsequent employment, rehabilitation, and/or good conduct, if any, and (2) certified copies of your court documents showing the outcome and underlying facts and circumstances of your case(s) must be submitted for review.

FOR OFFICE USE ONLY

Received _____ CHRC Complete _____

CH () MO () Number _____ Date _____

**Affix current
2x2 passport
size photo**

8. Education

Graduate School _____

Address _____
Street City State Zip Code

Attended _____ to _____ Major _____ Date Degree Conferred _____

Undergraduate School _____

Address _____
Street City State Zip Code

Attended _____ to _____ Major _____ Date Degree Awarded _____

9. Department Chair Letter In Lieu of Official Transcript (for recent graduates)

This section is to be completed by applicants that are recent graduates (up to 60 days after graduation) that are submitting proof of the education requirements with a letter issued by the Department Chair. Department Chair letter must include a statement that the student has completed all coursework and all clinical requirements, the degree conferred date, and the institution’s accreditation.

I hereby affirm that I have read Section 2-310.2 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and Code of Maryland Regulations 10.41.03.03A(2)(a) and that I understand a Master’s degree in speech-language pathology is the minimum educational requirement to hold a limited license in speech-language pathology. I hereby agree that I am solely responsible for ensuring that the Board receives an official transcript of my Master’s degree within 60 days of the issuance of the limited license. I hereby affirm that I will be subject to the grounds for discipline, specifically Section 2-314(10) “Commits any unprofessional act in the practice of ... speech-language pathology.” if the Board does not receive an official transcript within 60 days of the issuance of a limited license.

Signature of Applicant

Printed Name of Applicant

10. Employment for Clinical Fellowship Year

Date _____ Title of Position _____

Facility/Company Name _____

Address _____
Street City State Zip Code

Brief description of duties during clinical fellowship year:

11. Continuing Education Required to Renew A Full License

This section is to be completed by applicants who are applying for a limited license in speech-language pathology.

I hereby affirm that I understand that pursuant to COMAR 10.41.03.06 the Board has established continuing education requirements to renew a full speech-language pathology license.

I hereby affirm that I understand that the continuing education requirements supersede any private professional association’s requirements to maintain a certification or similar title.

I further affirm that I understand that completing continuing education is not a requirement to hold a limited license in speech-language pathology or to renew a limited license in speech-language pathology. However, I affirm that continuing education activities completed during the time a limited license is held may be eligible for the renewal requirements if certain conditions are met.

I hereby affirm that I will be subject to the grounds for discipline, specifically § 2-314(10), “Commits any unprofessional act in the practice of ... speech-language pathology” if the minimum continuing education requirements are not completed in the appropriate time frame.

I hereby affirm that I understand that information regarding the continuing education requirements to renew a license is posted to the Board’s website.

Signature of Applicant

Printed Name of Applicant

12. Affidavit To Be Completed by a Notary Public

I hereby affirm that I have read Sections 2-101 to 2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by the Board.

I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. The fee includes licensure fee.

State of _____ *County/City of* _____

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signature of Applicant

Signature of Notary

Subscribed and sworn to before this _____ day of _____.

In accordance with Executive Order 01.01.1093-18, the Board is required to advise you as follows regarding the collection of personal information: Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the Board to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.

Your Social Security Number is required on the application. It will be used for identification purposes and may be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

Please be advised that the disclosure of your Social Security Number (SSN) is mandatory in order to process your application.

Any license application received at the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists without a SSN **will not** be processed. An application without a SSN is considered **incomplete**.

The Board is required by federal and Maryland law to collect this information for the following purposes:

Verification of identity with respect to final adverse actions related to your license or certificate (42 U.S.C. § 1320a-7e(b))

Administration of the Child Support Enforcement Program (Md. Family Law Code Ann., § 10-119.3)

Identification by the Maryland Department of Assessments and Taxation of new businesses in Maryland (Md. Health Occ. Code Ann., § 1-210)

Accordingly, the Board, in order to meet all statutory requirements for the issuance of a license, must have a valid Social Security Number on file for every applicant/licensee.

Race/Ethnic Identification

To further its commitment to equal access the Board of Examiners requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Male Female Other _____

Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? Yes No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SLP Limited

II. Supervisor During Limited Licensure Year (Print or Type)

A. Name:

_____ Last _____ First _____ Middle/Maiden

B. Address:

_____ Street

_____ City _____ State _____ Zip Code

C. Place of Employment:

_____ Facility Name

_____ Street

_____ City _____ State _____ Zip Code

Phone: _____ Alternate #: _____

III. Clinical and Supervisory Responsibility – 80% of total time should be in items 1, 2 and 3

Applicant Activity	Hours/Week Spent by Applicant	Hours/Month Spent by Supervisor	
		On-Site Observation (at least 4 hour per month)	Other Monitoring Activities (optional)
1. Assessment, diagnosis and/or evaluations			
2. Screening			
3. Habilitation/rehabilitation			
4. Staff Meetings			
5. Supervisory Conferences			
6. In-Service Training			
7. Record Keeping			
8. Other (Must Specify)			
Total			

Signature of Applicant _____ Date _____

Signature of Supervisor _____ Date _____

Supervisor:

() Holds MD License in Speech-Language Pathology with License # _____

() Holds ASHA CCC-SLP # _____

Form AS2

Maryland Department of Health
**Board of Examiners for Audiologists, Hearing Aid Dispensers
and Speech-Language Pathologists**
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone 410-764-4725 Fax 410-358-0273
TTY-Maryland Relay Service 1-800-735-2258

**Verification of Satisfactory Completion of
Speech-Language Pathologist Clinical Fellowship Year**

I hereby declare that, _____,
Name of Applicant
an applicant for Maryland licensure in speech-language pathology, was employed as a
professional in that field from _____ to _____ for _____
(mm/dd/yyyy) (mm/dd/yyyy)
hours per week.

The place of employment was:

Facility Name

Address

City

State

Zip Code

I further declare that the applicant was supervised by:

Name of Supervisor

At that time the CFY supervisor held:

() Maryland License in Speech-Language Pathology License, License # _____

() ASHA Certification in Speech-Language Pathology Certificate # _____

() A License in Speech-Language Pathology from State of _____
whose licensure requirements were equivalent to ASHA certification.

**I verify that during the employment period the applicant reached a satisfactory level of competence
in the area in which licensure is sought.**

Signature of Supervisor

Typed or Printed Name

Title

Date

Current Phone Number

Form AS3

Revised October, 2020

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Name: _____

Date: _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).



MARYLAND

Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS & SPEECH-LANGUAGE PATHOLOGISTS

Jennifer L. Mertes, Board Chair • Candace G. Robinson, Executive Director

Criminal History Records Check - In Maryland

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses. Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside in Maryland or reside near Maryland. It is best to obtain fingerprints in Maryland. If it is not convenient to get fingerprinted in Maryland please follow the procedure in the Out-of-State instructions.

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The criminal history records check is initiated by the applicant/licensee being fingerprinted.

CJIS Authorization#:	1600003672
FBI ORI#:	MD920528Z
Reason Fingerprinted:	Audiology license Hearing Aid Dispenser license Speech-Language Pathology license Speech-Language Pathology Assistant license
Type of Check:	Governmental Licensing/Certification

Electronic Fingerprinting

It is best to have your fingerprints taken electronically in the State of Maryland.

Electronic fingerprinting is available at CHS-approved private providers, most Maryland MVA locations and most local law enforcement offices.

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS:

via telephone at 410-764-4501; or
via their website at <http://www.dpscs.maryland.gov/publicservs/:fingerprint.shtml>.

Applicants for Initial Licensure, Reinstatement, or Reactivation

Effective October 1, 2016 all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. This is a requirement of the application process and cannot be waived for any reason. An initial license will not be issued unless proof of the CHRC is on file with the Board.

Maryland residents and individuals who reside near Maryland may have fingerprints taken prior to mailing an application to the Board. Maryland residents and individuals who reside near Maryland must use the pre-filled form specific to this Board (link at end of this document and also available on this Board 's Forms page). If an individual is unable to use the pre-filled form the individual must have the CJIS Authorization number and FBI ORI numbers to ensure that the required reports are issued to the Board (on the first page of this document and on the Board's homepage). Please note that these numbers are specific to this Board.

After your fingerprints are taken you will be given a receipt for payment that includes a tracking number; the tracking number is unique to you. Include a copy of the receipt with the tracking number when submitting the initial application to the Board. Hand-write the professional license you are applying for and specify either full license or limited license.

Once the results of the background check are received by the Board the application process will be completed in accordance to Board regulations and policies.

Renewal Applicants

Individuals who obtained a full license before October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license. Additional information has been provided to renewal applicants via e-mail.

General Information

Pursuant to federal law a criminal history records check is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc. that it was completed for.

When getting fingerprinted please ensure the following:

that the fingerprint operator spells your name correctly; and

that the proper OIR and authorization numbers are used.

A list of private providers that have electronic fingerprinting services are provided on the State of Maryland's Department of Public Safety & Correctional Services website. Click below for immediate access to fingerprinting locations in Maryland. **Call ahead to make sure the provider is open and has the October 1, 2016 software update.**

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtrnl>

Print LiveScan Pre-Registration Application

<https://health.maryland.gov/boardsahs/DocumentsaudLiveScan.pdf>

All applicants must print the LiveScan Pre-Registration Application and take it to the fingerprinting location in Maryland.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410-764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists for a full description of the requirements.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height: ft. inches		Weight: lbs.		Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:			Citizenship:		
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1600003672	
ORI # (if required): MD920528Z	Reason fingerprinted? Licensing
Position Applied for: Board of AUD HAD and SLP	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: Do Not Mail This Form To The Board

Address: Do Not Mail This Form To The Board

City, State, Zip code: Do Not Mail This Form To The Board



MARYLAND

Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS & SPEECH-LANGUAGE PATHOLOGISTS

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Criminal History Records Check - Out of State Applicants

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses (including reinstatement of a license or reactivation of a license). Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside outside of Maryland where it is inconvenient to come to Maryland to complete the fingerprinting process. Please note that it is best to obtain fingerprints in Maryland. If fingerprints are able to be completed in Maryland please follow the procedure in the In-State instructions.

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The record checks are conducted by the applicant/licensee being fingerprinted.

CJIS Authorization #:	1600003672
FBI ORI#:	MD920528Z
Reason Fingerprinted:	Audiology license Hearing Aid Dispenser license Speech-Language Pathology license Speech-Language Pathology Assistant license
Type of Check:	Governmental Licensing/Certification

In order to comply with the Criminal History Records Check requirement and to not delay the issuance of a license, please abide by these instructions. Please note that it may take up to five weeks for CJIS to issue the required reports to the Board.

Out-of-state residents may use a location outside the State of Maryland, but must use the CJIS fingerprint card that has pre-printed Board-specific information.

Call the Board at 410-764-4725 to request a fingerprint card. Applicants for an initial license should request a fingerprint card at least six weeks in advance of the anticipated date that licensure is required. License renewal candidates should request a fingerprint card no later than April 15,

2018 to ensure sufficient time to complete the process and complete the online renewal process. These timeframes assume an individual mails the fingerprint card to Maryland CJIS within a week of receiving the fingerprint card and having the fingerprints taken.

Once the fingerprint process is complete you must mail the fingerprint card to the following address with a check for \$31.25 payable to the "CJIS Central Repository."

CJIS Central Repository
PO Box 32708
Pikesville, MD 21282-2708

Make a copy of the receipt with the tracking number that was issued to you. Legibly write your full name and profession on the copy being mailed to the Board (may be included with the application for licensure). Mail a copy of the receipt for fingerprinting to:

Maryland Board of AUD HAD SLP
ATTN: Background Check
4201 Patterson Avenue, 3rd Floor
Baltimore, MD 21215

For applicants for initial licensure: Once the results of the background check are received the application process will be completed in accordance with Board regulations and policies.

For renewal applicants: Once the results of the background check are received the Board will make the necessary changes to allow access to the online renewal process within 48 hours (notice will be provided via e-mail).

For additional information contact CJIS:

via telephone at 410-764-4501; or

via their website at [http://www.dpscs.maryland.gov /publicserv s/fingerprint.shtml](http://www.dpscs.maryland.gov/publicserv s/fingerprint.shtml).

Effective October 1, 2016

Every new applicant submitting an application on or after October 1, 2016 for a license issued by the Board must submit a criminal history records check (CHRC) to the Board. This includes license reinstatement and license reactivation when this requirement has not previously been fulfilled.

This is a requirement of the application process and it is a one-time requirement. All fees associated with the criminal history records check requirement must be borne by the applicant/licensee.

A license will not be issued unless proof of the CHRC is on file with the Board.

Individuals with an incomplete application as of October 1, 2016, with the Board must submit a CHRC to the Board. This is a requirement prior to the issuance of a license.

Individuals holding a full license on or after October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410- 764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists for a full description of the requirements.