

## Speech-Language Pathologist – Full License Application Checklist & Application

### PLEASE NOTE:

**While we will accept electronic documents sent in the form of a scanned pdf (phone screenshots are not acceptable) to help expedite the licensing process, we will NOT accept ANY documents without original signatures and notarizations. Documents without original signatures and/or notarizations will be considered incomplete and the application will not be approved. Original documents of any electronic pdf submissions, must ALSO be sent to the Board office within 30 days of the issuance of a license. Please upload your application with supporting documents using our online application. If you have any question please email [monicah.wright@maryland.gov](mailto:monicah.wright@maryland.gov).**

### **I. All applications require the following items be received at the Board office, in addition to the items in either section II or III, before the application is complete and ready for Board approval:**

- \$150.00 Fee (check or money order payable to the Board of SLP)
- A recent 2x2 passport size photo
- Signed and Notarized Application
- Criminal History Records Check (must be received by CJIS before a license can be issued)
- Completed Law and Regulation Examination (requires a passing score of 75% or greater)

### **II. Additional documents to be submitted:**

#### **If Applicant Currently Holds ASHA-Issued Certificate of Clinical Competency:**

- Primary Source Verification Letter from ASHA confirming current with CCC-SLP
- Brief Resume (if applicant has been practicing more than 5 years)
- License affidavit from **all** states in which the applicant is currently licensed or has ever been licensed

#### **If Applicant Does Not Hold ASHA-Issued Certificate of Clinical Competency:**

- Official Speech-Language Pathology Master's Degree Transcript
- Praxis Exam Scores (successfully completed within the past 5 years)
- Clinical Fellowship Year Plan (Form AS2)
- Clinical Fellowship Year Verification (Form AS3)

**III. Applicants who currently hold an active Maryland Limited License in Speech-Language Pathology ONLY need to Submit the Following once the Clinical Fellowship Year (CFY) is complete (a new Speech-Language Pathology application is NOT needed):**

\$150 Fee (check or money order payable to the Board of SLP) **AND:**

**EITHER of the following two options:**

**Option A** - AS3 form for verification of completion of the clinical fellowship year **AND** Passing score on the Praxis examination sent directly to the Board by ETS. An official Master's Degree transcript sent directly to the Board by the school from which the degree was conferred (this should have been submitted within 60 days of your limited license).

**Option B** – Primary Source Verification of holding the CCC-SLP sent directly to the Board from the American-Speech-Language-Hearing Association (ASHA)

**Note: Law and Regulations Examination**

To pass the open book examination, all applicants must score at least 75. You can download the examination from the Board's web site at <https://health.maryland.gov/boardsahs/>.

Use the Forms Link to download and print a copy of the law examination. To complete the examination, refer to the law and regulation reference number included with the question. Use the "Laws (Statutes) & Regulations" link on the Board's web site (left side of the landing page) to access the laws and regulations to answer the questions. Once in the "Laws and Regulations" section, the Laws are accessible through the link at the top of the page and the regulations (COMAR) are accessible through the link at the bottom of the page. A license will **not** be issued unless the Law and Regulation Examination is passed.

**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 Quick Links section).

An application for licensure will not be processed until the application is complete, including submitting evidence of a criminal history records fingerprint receipt.

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 forms can be found on the CHRC resources page on the Board's website, by clicking on the "Forms" link. Once you are in the "Forms" section, you will see the information there.

In-state applicants and out-of-state applicants near Maryland may go to an authorized fingerprinting location in Maryland. The CHRC resources 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's administrative assistant to provide the name and address of where to send the fingerprint card. Applicants may call 410-764-4725 or email [monicah.wright@maryland.gov](mailto:monicah.wright@maryland.gov), to request and provide their information. Official out-of-state fingerprint cards may be mailed directly to the applicant before submission of an application for licensure to this Board.

Please note that the CHRC requirement is in addition to answering the disciplinary questions in the application and a license cannot be issued until the CHRC requirement has been satisfied.

### **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.

### **Continuing Education Requirement Notice**

Continuing education is a requirement to renew a license. Continuing 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.

The continuing education requirement for renewing a speech-language pathology license is 30.0 hours (clock hours) or 3.0 CEUs, completed during two calendar years ending on December 31<sup>st</sup> of the year preceding the expiration date of the license. For example, a license expiring on May 31<sup>st</sup>, 2020, requires that 30 hours or 3.0 CEUs be completed between 1/1/2018-12/31/2019, for the June 1, 2020 renewal.

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

**Speech-Language Pathologist Full License Application**

Date \_\_\_\_\_

**II. Affix current  
2x2 passport size photo**

**\*\*\*\*\*Please refer to the Speech-Language Pathologist Full License Application Checklist included with this application, to ensure proper completion of either a speech-language pathology limited license converting to full license, or a first time speech-language pathology full license applicant\*\*\*\*\***

**I. Name** \_\_\_\_\_  
Last First Middle/Maiden

Home Address \_\_\_\_\_  
Street Apt.

City State Zip Code

Home Phone \_\_\_\_\_ Alternate # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

What is your first language? English Other \_\_\_\_\_

Have you previously been licensed in the State of Maryland?  Yes  No

If yes, License # \_\_\_\_\_ Date Expired \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

\_\_\_\_\_ No  Yes

***If yes, please provide detailed explanation on a separate sheet of paper and attach it to the application as well as court documentation.***

**II. Education**

Graduate School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Date Degree Awarded \_\_\_\_\_

**For Office Use Only**

CHRC \_\_\_\_\_ Revised January, 2021 CH ( ) MO ( ) Number \_\_\_\_\_ Received \_\_\_\_\_

Undergraduate School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Date Degree Awarded \_\_\_\_\_

**III.** Do you currently hold the American Speech-Language Hearing Association Certificate of Clinical Competence in Speech-Language Pathology?  Yes  No

If Yes, date originally granted \_\_\_\_\_ \*\*

- Clinical Fellowship Year completed?  Yes  No
- Praxis Examination in Speech-Language Pathology Passed?  Yes  No

*If No, the applicant must submit Praxis scores showing successful completion within 5 years of submission of this application, the AS2 and AS3 Forms with original signatures, and, an official transcript showing a conferred Master's degree in Speech-Language Pathology from an accredited program, sent directly from the graduate institution to the Board.*

OR

*If No, and the applicant previously held the ASHA CCC-SLP, an official letter from ASHA indicating when the CCC-SLP was earned and when it expired, must be submitted along with this application. The Board will determine whether or not they will grant the license once in receipt of this letter from ASHA, along with an otherwise completed application.*

**\*\*If you answer "no" to III. above, OR, if your CCC-SLP was granted more than 5 years ago, please also enclose a professional resume and proceed to IV. below. \*\***

**IV.** Employment during Clinical Fellowship Year – **must submit a Form AS2 and AS3 for each place of employment during the period of limited licensure. \*\***

Facility/Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Brief description of duties

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Are you now or have you ever been licensed in any other state? \_\_\_\_\_ If yes, please complete the first page of the Licensure Affidavit ( AS4). Request the State licensure Board to return the completed form to the Maryland Board office.

I am licensed in the following states \_\_\_\_\_

I was licensed in the following states \_\_\_\_\_

**VI.** Has any disciplinary action ever been taken against any license you have held in any other jurisdiction?

No                       Yes

*If yes, please provide a detailed explain on a separate sheet attached to this application.*

**VII.** Have this Affidavit 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 understanding that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. The fee includes licensure fee.

**State of** \_\_\_\_\_ **City/County 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 needed 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.

\*\*\*\*\*

### 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 \_\_\_\_\_

#### 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 Full

Maryland Department of Health  
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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 Supervision for  
Speech-Language Pathology Clinical Fellowship Year**

*\*\*\*Applicant, please check if any of the following apply regarding the submission of this form:*

  

Change in Employment Site  
Additional Supervisor

  

Additional Site  
Change in Hours

Change of Supervisor

1. Applicant (Please type or print)

A. Name: \_\_\_\_\_  
Last First Middle/Maiden

B. Address: \_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Alternate # \_\_\_\_\_ Email \_\_\_\_\_

C. Academic Status: \_\_\_\_\_  
College Degree Date Awarded

D. Employment Setting:

1. Facility Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Beginning date of employment: \_\_\_\_\_  
Month Day Year

4. Hours per week spent in Speech-language Pathology? \_\_\_\_\_

5. Is applicant completing a CFY?  Yes  No

**Form AS2**

Revised October, 2020





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

of \_\_\_\_\_  
Street City State Zip Code

an applicant for Maryland licensure in speech-language pathology, was employed as a  
professional in that field from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ hours per week.  
mm/dd/yyyy mm/dd/yyyy

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 (must be at least one of the following):

Maryland License in Speech-Language Pathology License# \_\_\_\_\_

ASHA Certification in Speech-Language Pathology Certificate# \_\_\_\_\_

A License in Speech-Language Pathology from the State of \_\_\_\_\_  
from which 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

**Licensure Board Affidavit**

*This section is to be completed by the speech-language pathologist applying for a Maryland license.*

\_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Graduate of \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

*This portion of the affidavit is to be completed by the Licensure Board you are requesting verification from.*

**\*\*Please verify the license of the above applicant in your state of jurisdiction\*\***

State \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_

With State Examination \_\_\_\_\_ Without Examination \_\_\_\_\_

Is license in good standing? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has the license ever been suspended or revoked? \_\_\_\_\_ If yes, please explain why:  
Attach a separate sheet

Has the license been reinstated? \_\_\_\_\_

Has any disciplinary action been taken against the licensee? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is there any derogatory information on file concerning this licensee? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Affix Board  
Seal Here

**Form AS4**

Revised January, 2021

NOTES:

## 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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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: \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> 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

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### **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.shtm>.

### **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.







# 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 - 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.