



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DR
NASHVILLE, TN 37243**

BOARD OF COMMUNICATION DISORDERS AND SCIENCES
1-800-778-4123 or Locally (615) 741-5735
<http://tn.gov/health/topic/CDS-board>

SPEECH LANGUAGE PATHOLOGIST ASSISTANT (SLPA) REGISTRATION FORM

Attached is an application to register a Speech Language Pathologist Assistant with the Tennessee Board of Communication Disorders and Sciences. The rules regarding SLPA can be found at <http://share.tn.gov/sos/rules/1370/1370-01.20160622.pdf>, beginning on page 22, Rule 1370-01-.14.

Carefully read the rules and complete the application for each Assistant to be registered. The licensee supervising the assistant must also include a Written Plan of Training which shall be signed by both the Licensee and the Assistant.

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you MUST notify the Board office in writing immediately.

1. All application fees are non-refundable.
2. All documents and fees required to be submitted must be mailed directly to:

**Board of Communication Disorders and Sciences
665 Mainstream Dr
Nashville, TN 37243**

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. The Board asks that you please give the Board office every consideration in this matter.
4. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you by mail.
5. Absent any complicating factors, the average application approval time is four to six weeks. Once the application is completed, your file will be promptly reviewed and an initial certification determination made. You will be promptly notified by letter of the initial determination. Repeated phone calls and/or emails will only slow the process further.
6. Applications that are deficient sixty (60) days after receipt of the initial deficiency letter will be closed.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

**APPLICATION INSTRUCTIONS FOR REGISTRATION AS A SPEECH LANGUAGE
PATHOLOGIST ASSISTANT (SLPA)**

Provided below is a checklist for your personal use and convenience containing all the things you must submit before your application for Tennessee Registration to practice as a speech pathology assistant can be considered.

NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board.

The following documentation is required:

1. ____ Completed application
2. ____ Fees: Thirty Dollars (\$30.00)
3. ____ Passport style photo taken within the last 12 months
4. ____ Transcript: Official transcript showing completion of 60 college-level semester credit hours sent directly to the Board from school, (transcript issued to student IS NOT acceptable).
5. ____ Proof of completion of 100 fieldwork hours. If you have received less than 100 hours, please indicate this on the application.
6. ____ Written plan of training from the Supervising Speech Language Pathologist (Signed by both the Supervisor and Assistant)
7. ____ Criminal Background Check (<http://tn.gov/health/article/CBC-instructions>)
8. ____ Declaration of Citizenship form (<http://tn.gov/assets/entities/health/attachments/PH-4183.pdf>)

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

IMPORTANT: You must have a Tennessee registration from the Board in your possession before you may lawfully practice as a Speech Language Pathology Assistant.



2025 - 001 -\$20.00
2025 - 006 -\$10.00
Total due \$30.00

STATE OF TENNESSEE
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665 MAINSTREAM DR
NASHVILLE, TN 37243

BOARD OF COMMUNICATION DISORDERS AND SCIENCES

THIS IS FOR A: ____ **Temporary Registration** – I have completed ____ hours toward the required 100 hours of fieldwork experience, and will need a temporary registration to complete the remaining hours.
____ **Full Registration**

Name: _____
Last First Middle Maiden

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

Current Home Mailing Address: _____

Current Practice Name and Address: _____

Phone (Home): _____ **(Work):** _____

Gender: Female ____ Male ____ *All applicants must complete the attached Declaration of Citizenship Form and have it notarized.*

Race: _____ **U.S. Citizen:** Yes ____ No ____
Entitled to live and work in the U.S.: Yes ____ No ____

E-Mail: _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. Yes ____ No ____

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes ____ No ____

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes ____ No ____

Have you ever been known by any other names besides what is listed above? Yes ____ No ____

If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known:

SLPA Primary Supervisor: _____ **TN License Number:** _____
 (Supervisor must be 2 years post-CFY) (PRINT NAME)

SLPA Alternate Supervisor: _____ **TN License Number:** _____
 (Supervisor must be 2 years post-CFY) (PRINT NAME)

EDUCATIONAL INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of this page if you need additional space.

From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Degree Awarded
From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Degree Awarded
From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Degree Awarded
From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Degree Awarded

LICENSURE INFORMATION

Have you ever previously applied for an SLPA registration in Tennessee? Yes ___ No ___

Are you or have you ever been licensed in this profession in another state? Yes ___ No ___

Are you or have you ever been licensed in any other profession in Tennessee or another state? Yes ___ No ___

List below ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED. Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

STATE	PROFESSION	LICENSE NUMBER	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT STATUS

Have you ever held a job in a healthcare profession? Yes: _____ No: _____

Please complete your entire healthcare employment history starting with the most current position first. Use the back of this page, if you need additional space. Dates of employment must be included.

<u>Company/Employer:</u>	<u>Name of Supervisor</u>	<u>Address: (City, and State)</u>	<u>Position:</u>	<u>Duties:</u>	<u>Dates</u> <u>From: Mo./Yr.</u> <u>To: Mo./Yr.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer “yes” to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. **IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION.** Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. “Ability to practice your profession” is to be construed to include all of the following:

- a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;**
- b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and**
- c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.**

2. “Medical Condition” includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.

3. “Minor Traffic Offense” generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.

4. "Chemical substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

5. "Currently" does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.

6. "Illegal use of illicit or controlled substances" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

- | | YES | NO |
|--|-------|-------|
| 1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? | _____ | _____ |
| 2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | _____ | _____ |

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Council will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical conditions so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are ineligible for licensure.]

- | | | |
|---|-------|-------|
| 3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances? | _____ | _____ |
| 4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of illicit or controlled substances? | _____ | _____ |
| 5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? | _____ | _____ |
| 6. Have you ever held or applied for a license, privilege, registration or certificate to practice as a hearing aid dispenser in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | _____ | _____ |
| 8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? | _____ | _____ |

- 9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? _____
- 10. Have you ever been rejected or censured by a professional association or society? _____
- 11. In relation to the performance of your professional services in any profession:
 - a. Have you ever had a final judgment rendered against you; _____
 - b. Have you ever entered into any settlement of any legal action; or _____
 - c. Are there any legal actions pending against you or to which you are a party? _____
- 12. Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? _____
- 13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state) _____

