



Alaska Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**AUDIOLOGY/HEARING AID DEALER/  
SPEECH-LANGUAGE PATHOLOGY SECTION**

P.O. Box 110806, Juneau, Alaska 99811-0806  
333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0800  
Phone: (907) 465-2695 ★ E-mail: [license@license.gov](mailto:license@license.gov)  
Website: [www.commerce.state.ak.us/occ/paud.htm](http://www.commerce.state.ak.us/occ/paud.htm)

**SPEECH-LANGUAGE PATHOLOGIST TRANSITIONAL APPLICATION PACKET**

**In accordance with AS 08.11.042(a), a “person may not practice as a speech-language pathologist assistant in the state without registration” under AS 08.11.**

**GENERAL INSTRUCTIONS**

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also the applicant's responsibility to request official transcripts and original verifications of licensure to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents of not larger than 8-1/2" x 11" are preferred.

**TRANSITIONAL APPLICATION REQUIREMENTS**

Individuals employed in a position for at least one year preceding July 1, 2004, that includes the practice of speech-language pathologist assistant as defined in AS 08.11.042, may qualify for registration as an SLPA under the transitional requirements. The following documents and fees must be on file with the division before the file will be reviewed:

1. **APPLICATION** - completed, signed, and notarized, including a recent head and shoulders photograph. The notary's seal must overlie a portion of the photograph. An applicant with a “yes” answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. **FEES** - Make check or money order payable to the State of Alaska.  
Nonrefundable application fee . . . \$50  
Speech-Language Pathologist Assistant registration fee . . \$25
3. **TRAINING** - Successful completion of the competency-based checklist examination (pp. 6-9), form to be completed by an SLP supervisor.
4. **WORK EXPERIENCE** - Work Experience Verification form (p. 10), completed by present or past supervisor(s) to document a minimum of one year's SLPA work preceding July 1, 2004.
5. **RECOMMENDATION** - Written recommendation from a licensed SLP in support of the application (p. 11). The recommendation may not come from an SLP who holds only a teacher certification or ASHA CCC-S.
6. **LICENSE VERIFICATION** – Verification of licensure form (p. 4) from each U.S. state in which the applicant holds or has held a license to practice as a speech-language pathologist assistant. Make additional photocopies, if necessary.
7. **RELEASE** – Completed Authorization for Release of Records form (p. 5).

## OTHER FEES

Wall certificate (suitable for framing), with initial application or subsequent written request .....	\$20
Duplicate license fee (with written request) .....	\$ 5
Verification of licensure to another state (with written request) .....	\$20
Returned check fee.....	\$20
Address change (must be in writing).....	no fee

## GENERAL INFORMATION

**APPLICATION PROCESSING** - The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When complete and correct, all supporting documents have been received, and all fees have been paid, a registration will be issued and mailed with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

**SOCIAL SECURITY NUMBERS** – AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed. If you do not have a U.S. Social Security Number, please complete the “Request for Exception from Social Security Number Requirement” form located at [www.commerce.state.ak.us/occ/home\\_professional\\_lic.htm](http://www.commerce.state.ak.us/occ/home_professional_lic.htm) OR contact the division for a copy of the form.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** – If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**REGISTRATION TERM** – Registrations are issued for a two-year period. However, all speech-language pathologist assistant registrations expire September 30 of even-numbered years regardless of the date of issuance, except registrations issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before registration expiration to the last known address of record.

**ADDRESS OR NAME CHANGE** - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the registration must be your current legal name.

**ABANDONMENT** - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of registration and other fees paid. If no request for refund is received, all fees are forfeited.

**DENIAL OF APPLICATION** – Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.

**STATUTES AND REGULATIONS** – The complete set of statutes and regulations for this program is available on the division's website at [www.commerce.state.ak.us/occ/paud.htm](http://www.commerce.state.ak.us/occ/paud.htm). If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.



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SPEECH-LANGUAGE PATHOLOGIST TRANSITIONAL REGISTRATION APPLICATION

Nonrefundable application fee - \$50

Initial registration fee - \$25

Name Last First Middle Maiden/Other

U.S. Social Security Number Birthdate Sex

Mailing Address City State ZIP Code

Residence Address City State ZIP Code

Telephone - Business Home

EDUCATIONAL HISTORY - List accredited college or university attended where associate of applied sciences or bachelor's in speech-language pathology was received; have official transcript sent directly to Alaska.

Graduate Education

Table with 5 columns: Name of School, Location, From Mo./Yr., To Mo./Yr., Degree/Date Awarded

LICENSE HISTORY - List all current and previous speech-language pathologist assistant registrations or licenses held in any state, territory, or country; have verifications completed by issuing agencies and sent directly to Alaska. If none, state N/A.

Table with 5 columns: Jurisdiction, License #, Date of Issue, Status, By Examination/Reciprocity

Department Use Only

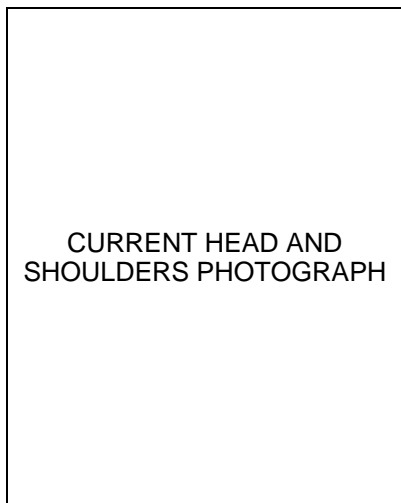
Registration No. Issue Date Expiration Date 9/30/

**PROFESSIONAL FITNESS** - The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate, signed and dated piece of paper, and send copies of any supporting documents that are applicable (court records, etc.).

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of any criminal offense, other than a minor traffic violation(convictions include "suspended imposition of sentence")? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past five years, have you had or do you have a physical disability which may impair or interfere with your ability to practice as a speech-language pathologist assistant? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at [www.commerce.state.ak.us/occ/](http://www.commerce.state.ak.us/occ/) under "License Search."

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true and correct and that the photograph below is a true likeness of me taken within the past 60 days. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of, a registration to practice as a speech-language pathologist assistant in Alaska.



Sign Here

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me on \_\_\_\_\_ (date).

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)  
**NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH**



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**COMPETENCY – BASED CHECKLIST EXAMINATION**

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

PLEASE PRINT

SLP Supervisor Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

PLEASE PRINT

*To qualify, the applicant must meet 100% of the competencies.*

SLP Supervisor Response		
Meets	Does not Meet	
<b>A. Interpersonal Skills</b>		
		1. Uses appropriate forms of address with client, family and caregivers with respect for age-appropriate language. For example, addresses adult client using appropriate title and last name unless otherwise directed by the client.
		2. Restates information/concerns expressed by the client, family and caregivers as appropriate.
		3. Is courteous and respectful in various communication situations, e.g., telephone, face-to-face interactions, e-mail.
		4. Uses language appropriate to a person’s developmental age, educational level, communication style, and communication disorder.
		5. Greets client and family and identifies self as a Speech-Language Pathology Assistant.
		6. Responds appropriately to client, family, and caregiver’s emotional state/behaviors.
		7. Dresses appropriately for worksite.

SLP Supervisor Response		
Meets	Does not Meet	
<b>B. Understanding of Critical Supervision Issues</b>		
		1. Implements treatment protocols only after appropriate training, and only as prescribed by the supervising SLP.
		2. Uses screening instruments only after training, and only as prescribed by the supervising SLP.
		3. Seeks clarification from the supervising SLP as needed to follow the prescribed treatment or screening protocols.
		4. Demonstrates use of feedback from the supervising SLP.

SLP Supervisor Response		
Meets	Does not Meet	
<b>C. Administering Treatment Protocols</b>		
		1. Provides appropriate stimuli to elicit target behaviors as prescribed by the supervising SLP.
		2. Provides instructions that are clear, concise and appropriate to the client's developmental age, level of understanding, language use, and communication style.
		3. Follows treatment protocol as developed and prescribed by the supervising SLP.
		4. Provides accurate feedback based on the correctness of the client's response, consistent with the treatment protocol prescribed by the SLP.
		5. Identifies and describes clinically relevant patient, family, and caregiver behaviors to the supervising SLP.
		6. Uses cues/prompts with the client as defined in the treatment protocol prescribed by the supervising SLP.
		7. Maintains on-task or redirects off-task behavior of clients in individual or group treatment consistent with the client's developmental age, communication style, and communication disorder as prescribed by the SLP.
		8. Provides behavioral reinforcement consistent with the client's developmental age, cultural preferences, and communication disorder as prescribed by the SLP.
		9. Implements treatment goals and objectives in the sequence specified in the treatment protocol by the SLP.
		10. At the beginning of treatment, explains to the client the treatment tasks specified in the treatment protocol prescribed by the SLP.
		11. At the end of sessions, reviews and summarizes client performance according to the protocol prescribed by the SLP.
		12. Ends the treatment sessions consistent with protocol prescribed by the SLP.
		13. Prepares treatment materials before the beginning of treatment sessions as directed by the SLP.
		14. Prepares age-appropriate and culturally sensitive treatment materials appropriate to the client's developmental age and communication disorder as prescribed by the SLP.
		15. Starts and ends the treatment session on time.
		16. Sets up and operates clinical equipment as prescribed by the SLP (e.g., assistive listening devices, augmentative and alternative communication devices, computers).
		17. Demonstrates appropriate use and maintenance of equipment and materials.

SLP Supervisor Response		
Meets	Does not Meet	
<b>D. Maintaining Clinical Documentation</b>		
		1. Signs documents to be reviewed and co-signed by the supervising SLP.
		2. Prepares and maintains client charts and records in a manner prescribed by the supervising SLP.
		3. Administers client satisfaction measures as directed by the supervising SLP.
		4. Records target behaviors as prescribed by the supervising SLP.
		5. Maintains current therapy logs and/or attendance.
		6. Completes paperwork in a timely and accurate manner.

SLP Supervisor Response		
Meets	Does not Meet	
		<b>E. Computing Clinical Data</b>
		1. Accurately calculates chronological age of the client from clinical records or based on client/caregiver report.
		2. Accurately calculates percentages, frequencies, and averages.
		3. Records target behaviors as prescribed by the supervising SLP.

SLP Supervisor Response		
Meets	Does not Meet	
		<b>F. Upholding Ethical Behavior and Maintaining Confidentiality</b>
		1. Identifies self as an assistant in all written and oral communication with client, family, caregivers, and staff.
		2. Maintains client records in a secure manner at all times as prescribed by the supervising SLP.
		3. Discusses confidential client information only at the direction of the supervising SLP.
		4. Demonstrates ability to explain, to the supervising SLP, the scope of information that should be discussed with the client, family, caregivers, and professionals.
		5. Maintains accurate records representing assigned work time with clients.

SLP Supervisor Response		
Meets	Does not Meet	
		<b>G. Oral and Written Communication</b>
		1. Uses key professional terminology in communication with the supervising SLP.
		2. Maintains legible records, log notes, and written communication in a manner prescribed by the supervising SLP.

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WORK EXPERIENCE VERIFICATION

PART I

Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward the form to a current or former employer(s) who supervised you in a health care institution. The information requested below must be verified by the supervising employer. The blank form may be photocopied for additional requests. Upon completion of Part II, the employer will return the form directly to the State of Alaska.

I, \_\_\_\_\_, am applying for registration to practice as a speech-language pathologist assistant in Alaska and authorize you to release information as required on this form.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

Employment Dates - To: \_\_\_\_\_ From: \_\_\_\_\_

PLEASE DO NOT DETACH

PART II

Instructions to Employer: Please provide the information requested below and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant.

- 1. Employee's position: \_\_\_\_\_
2. Dates you supervised employee: \_\_\_\_\_
3. Location where you supervised employee: \_\_\_\_\_

By my signature below, I attest that the above-named applicant has been employed in a position for at least one year preceding July 1, 2004, that includes the practice of speech-language pathologist assistant as set out in AS 08.11.042.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Speech-language pathology License No.: \_\_\_\_\_ OR Type A or Type C Teaching Certificate (with an endorsement in speech-language pathology, speech and hearing sciences, or communication disorders) No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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**LETTER OF RECOMMENDATION**

Applicant: Forward this form to a licensed speech-language pathologist who will offer a recommendation of your abilities to practice.

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I recommend \_\_\_\_\_ for registration as a speech-language pathologist assistant in the State of Alaska. I hereby certify the applicant as being professionally capable, reliable, of good moral character, and worthy of confidence.

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

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
SLP License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP Code

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**AUTHORIZATION FOR RELEASE OF RECORDS**

To Whom It May Concern:

I, \_\_\_\_\_  
residing at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a registration as a speech-language pathologist assistant. This authorization expires one year from the date of my signature below.

Signature: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_