

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
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Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

HEARING AND SPEECH EXAMINING BOARD

INFORMATION FOR COMPLETING SPEECH-LANGUAGE PATHOLOGY APPLICATION

LICENSURE INFORMATION:

1. **Applications (Form# 1987)** Please complete the application and enclose the following license fee(s) indicated.
2. **Certificate of Professional Education (Form #1984)** After you graduate, school will submit form directly to the Hearing and Speech Examining Board.
3. **American Speech-Language Hearing Association (ASHA) Certification (Form # 1976)** ASHA will submit directly to the Hearing and Speech Examining Board.
4. **Verification of Licensure in Other State(s)** (if applicable) You are required to have each state board in which you have ever been licensed (current or expired) submit letters of verification to the Wisconsin Hearing and Speech Examining Board. The letters must indicate your date of birth, license number, date of issuance, and date of expiration, a statement regarding disciplinary actions and whether the license was issued by examination in the state. These letters are required in order to complete your application for licensure.

INSTRUCTIONS FOR TEMPORARY LICENSURE:

“Temporary Licensee” means an individual who has been granted a temporary license by the Board to engage in the practice of speech-language pathology during the completion of the post-graduate clinical fellowship.

Before commencing a post-graduate clinical fellowship in speech-language pathology, an individual shall obtain a temporary license. Applicants for a temporary license shall provide the Board with the following:

1. **Application (Form# 1987)** and fees.
2. **Certificate of Professional Education (Form #1984)** After you graduate, the school will submit form directly to the Hearing and Speech Examining Board.
3. **Temporary License Application (Form# 1979)** Supervisor will submit directly to the Hearing and Speech Examining Board.

INSTRUCTIONS FOR RE-REGISTRATION OF LICENSURE (License expired 5 years or more):

1. **Application (Form# 1987)** and fees
2. **Completion of Continuing Education**
3. **Verification of Licenses (active or inactive) from All Other States**

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HEARING AND SPEECH EXAMINING BOARD SPEECH-LANGUAGE PATHOLOGY APPLICATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, telephone number and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
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Address (street, city, state, zip) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 95%;" type="text"/>
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Mailing Address (if different) <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
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Social Security Number <input style="width: 95%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin as a Speech Language Pathologist? Yes No If yes, list your credential number:

Email Address

School Name <input style="width: 95%;" type="text"/>	School Address (street, city, state) <input style="width: 95%;" type="text"/>
Dates Attended	
From : <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	To: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>
Degree <input style="width: 95%;" type="text"/>	Date Degree/Diploma Granted <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)

Initial Credential Fee
\$75.00 Total Fee Attached

Request for a Temporary Certificate (for post-graduate clinical fellowship year)
\$10.00 (is required in addition to the above fee and is non-refundable)

Re-Registration (license expired 5 years or more)
\$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$100.00 Total Fees Attached

For Receiving Use Only (154)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #1987**) and appropriate fee
- Letters from all State Boards where licensed, active and inactive
- Certificate of Professional Education (**Form #1984**)
- Verification of Certification from the American Speech-Language Hearing Association (**Form # 1976**)
- Proof of Continuing Education (Re-Registration applicants only)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “Professions” and “Speech-Language Pathologist,” then select “Other Forms” and “Military Licensure Benefits” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select “Professions,” then “Speech-Language Pathologist.”

PRACTICE: Account for all activities and practice starting from the date of graduation to the present time. Must include professional and nonprofessional activities. All time and dates must be accounted for. (Attach additional sheets, if necessary.)

Employer/Institution/Activity	Location of Employment (City/State)	Dates Employed (Month/Year)	#Hours per Week	Job title and Duties
<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50px;" type="text"/>	(From) <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> (To) <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50px;" type="text"/>	(From) <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> (To) <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

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I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Hearing and Speech Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

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PLEASE CHECK ONE FOR TEMPORARY LICENSURE:

- I plan to take the next available National Certifying Examination on

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- I have taken and am awaiting the results of the National Certifying Examination.
- I have taken and passed the National Certifying Examination.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below: (Original pass/fail scores required.) <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges Form (#2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims Form (#2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"></table>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice speech-language pathology" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned speech-language pathology judgments and to learn and keep abreast of speech-language pathology developments; and
2. The ability to communicate those judgments and speech-language pathology information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform speech-language pathology tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"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.

"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 may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

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

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

11.	Do you have a medical condition which in any way impairs or limits your ability to practice speech-language pathology with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice speech-language pathology with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever been diagnosed as having, or have you ever been treated for, pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

Wisconsin Department of Safety and Professional Services

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /