Revised 10/2012

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Speech and Language Pathologist Licensure
Email: oplc.dph@ct.gov
Website: www.ct.gov/dph/license

Tape a recent photo of applicant here. DO NOT STAPLE

Speech and Language Pathologist License Application

This application must be accompanied by a check or money order in the amount of **$200.00,** made payable to ***"Treasurer, State of Connecticut."***

➔ **Return completed application and fee to:**

CT DPH, SLP Application Processing, 410 Capitol Ave., MS# 12MQA, PO Box 340308, Hartford, CT 06134

First Name	MI	Last Name	Maiden Name	Social Security Number

Email Address	Street Address	City	State	Postal Code

Telephone Number	☐ Male ☐ Female	Date of Birth	Ethnicity: check (✓) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: Please check (✓) all that apply
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Have you held a Connecticut speech and language pathologist license in the past?	☐ Yes ☐ No	Lic. No.
Are you now or have you ever been licensed as a speech and language pathologist in any state? If yes, please list all (please abbreviate): ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____		☐ Yes ☐ No

Name of School Where Master's Degree was Completed	City	State	Degree Date

Have you successfully completed the Praxis Exam?	☐ Yes ☐ No	Exam Date
Do you hold a current certificate of clinical competence (CCC) issued by the American Speech-Language Hearing Association (ASHA)?		☐ Yes ☐ No
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?		☐ Yes ☐ No
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?		☐ Yes ☐ No
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?		☐ Yes ☐ No
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?		☐ Yes ☐ No
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?		☐ Yes ☐ No
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?		☐ Yes ☐ No
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?		☐ Yes ☐ No

If you answered yes to any of the above questions regarding your professional history, please provide full details and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.

NOTARIZATION: On this _____ day of _____ 20 _____, the above referenced individual personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein or any document attached hereto are true in every respect.

Sworn to before me this _____ day of _____ 20 _____.

_____ Signature of Applicant

_____ Signature of Notary Public

My Commission Expires: _____