

WEST VIRGINIA BOARD OF EXAMINERS FOR  
SPEECH-LANGUAGE PATHOLOGY  
AND AUDIOLOGY

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**Initial License Application for  
Speech-Language Pathology & Audiology**

Have you ever been licensed as a SLP or an AUD in West Virginia? Yes  No

Area of licensure sought:  Speech-Language Pathology  Audiology  Dual (Speech & Audiology)

I qualify for the Military Families waiver of initial license fees  (see page 2 for definition & requirements)

I qualify for the Low-Income Families waiver of initial license fees  (see page 2 for definition & requirements)

FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE  
\*CONTACT PHONE#: (\_\_\_\_) \_\_\_\_\_ Gender: M\_\_ F\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*SSN: \_\_\_\_\_ EMAIL \_\_\_\_\_  
(Required)

**EMPLOYMENT:** Employer/facility in WV, e.g., *ABC Health Contracting - XYZ Rehab Center, 1234 Mountaineer Way, Somewhere, WV 26000*. **IF you are currently unemployed/not providing services, you must notify the Board within 30 days of a change in your employment status.**

EMPLOYERS NAME: \_\_\_\_\_  
Select All That Apply: Rehab  Hospital  Home Health  Nursing Home  Schools  Other  Telepractice  Traveler

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EXTENSION: \_\_\_\_\_

If you work for more than one employer, please complete.

EMPLOYERS NAME: \_\_\_\_\_  
Select All That Apply: Rehab  Hospital  Home Health  Nursing Home  Schools  Other  Telepractice  Traveler

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EXTENSION: \_\_\_\_\_

“Military Families” waiver of initial license fees. Military Families is defined as:

- Service member or an honorably discharged veteran of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101.  
*Required documents for verification – Military Orders NGB-22 Form or DD-214 Form.*
- Spouse of an active member or an honorably discharged veteran of the armed forces as described above  
*Required documents for verification – Military Orders NGB-22 Form or DD-214 Form AND a copy of your Certificate of Marriage.*
- Surviving spouse of a service member as described above, and you have not remarried.  
*Required documents for verification – Decedent spouse’s DD-1300 Form OR a Certified Certificate of Death submitted along with a NGB-22 Form or DD-214 Form, a copy of your Certificate of Marriage and a Notarized Affidavit stating that you have not remarried.*

To apply for the Military Families waiver of initial license fees, complete the Military Family Initial Licensing Fee Waiver Application and submit all required documents with this license application.

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“Low-Income Families” waiver of initial license fees. Low-Income Families is defined as:

- Residing in West Virginia or a portion of the county in which you reside is within 50 miles of the border of West Virginia, and your household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. Department of Health and Human Services,  
*Required documents for verification – Copy of your Federal Tax Return for the preceding year. If you are married and filed separate, you will need to submit the Federal Tax Return for both your spouse and yourself.*
- If you are currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, the Supplemental Nutritional Assistance Program (SNAP) or other state or federal public assistance program with substantially equivalent low-income eligibility requirements.  
*Required documents for verification – Certified letter or other satisfactory proof from your public assistance program which demonstrates your current participation. If you select “Other”, describe the eligibility documentation that is being submitted.*

To apply for the Low-Income Families waiver of initial license fees, complete the Low-Income Family Initial Licensing Fee Waiver Application and submit all required documents with this license application.

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <u>YES</u>               | <u>NO</u>                |
| A. Do you hold a Certificate of Clinical Competence (CCC) in Speech-Language Pathology or Audiology from the American Speech-Language-Hearing Association (ASHA)? | <input type="checkbox"/> | <input type="checkbox"/> |

Speech-Language Pathology     Audiology

A copy of ASHA certification must be submitted with application.

IF YOU ANSWERED "YES" ABOVE - SKIP TO QUESTION "B".

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Have you passed the National Examination in Speech-Language Pathology or Audiology AND completed a **postgraduate professional experience/clinical fellowship? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

*If you answered no, you are not eligible for licensure in Speech-Language Pathology.*

**\*\*POSTGRADUATE PROFESSIONAL EXPERIENCE/CLINICAL FELLOWSHIP IS NOT A REQUIREMENT FOR AU.D. APPLICANTS.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| B. Did you complete the WV Jurisprudence online exam? Access the exam on our website at <a href="http://www.wvspeechandaudiology.com">www.wvspeechandaudiology.com</a> & submit completion certificate with the application. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- |   |                          |                          |
|---|--------------------------|--------------------------|
| C. Do you currently hold an active Speech-Language Pathology or Audiology in another state or states. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Attach copies of **current and active** Speech-Language Pathology or Audiology license(s) held. Verification of current and active licenses held in other states is required. IF the licensing state provides online verification, it is not necessary to request a written verification be sent to the WV Board.

State: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Length of time held: \_\_\_\_\_  
in years

State: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Length of time held: \_\_\_\_\_  
in years

If more than two licenses are current and active, please provide the information on a separate sheet of paper.

**D. List all academic degrees held:**

COLLEGE/UNIVERSITY	MAJOR	DEGREE	GRADUATED (MO/YR)
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- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| E. Have you ever had ANY license request denied or ANY license revoked or suspended ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever been convicted of or plead guilty to, or nolo contendere to a felony, whether or not any appeal or other proceedings are pending to have the conviction or plea set aside?<br><u>SUBMIT COPIES OF ALL COURT DOCUMENTS W/APPLICATION</u><br>for Board review with considerations as stated in revised WV Rule §29-4-4. | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have you ever been found guilty of unethical practices in the conduct of ANY business or profession?  | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Are you presently being treated for any serious contagious disease, mental incompetency or addiction to a controlled substance, narcotic or alcohol which is likely to endanger the health, welfare or safety of the public?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answer YES to any question E through H, you must provide detailed information and submit with this application.   |                          |                          |
| I. Do you operate all or part of a business In West Virginia?<br>If the answer Is "Yes" please enter your FEIN or WV Business ID Number _____ - _____  | <input type="checkbox"/> | <input type="checkbox"/> |

The Board holds the right to request additional information, so deemed necessary, from any applicant, for review. Any future correspondence with the Board shall bear the applicant's full name and last four of the social security number as it appears on the original application.

The applicant is held responsible for notifying the Board of changes in the applicant's name, address and change of employment. Such changes are to be submitted within 30 days of that change.

**STATEMENT BY APPLICANT:**

**I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT I AM THE PERSON NAMED AS THE APPLICANT ON THIS APPLICATION AND THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I RECOGNIZE THAT ANY MISINFORMATION OR OMISSION OF PERTINENT MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF A LICENSE OR FOR SUSPENSION OR REVOCATION OF THIS LICENSE.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

Pursuant to West Virginia Code §48-15-303 - (a) Each licensing authority shall require license applicants to certify on the license application form, under penalty of false swearing, that the applicant does not have a child support obligation, the applicant does have such an obligation but any arrearage amount does not equal or exceed the amount of child support payable for six months, or the applicant is not the subject of a child-support related subpoena or warrant. The application form shall state that making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.

(b) A license shall not be granted to any person who applies for a license if there is an arrearage equal to or exceeding the amount of child support payable for six months or if it is determined that the applicant has failed to comply with a warrant or subpoena in a paternity or child support proceeding.

I certify, under penalty of false swearing that:		
	<u>YES</u>	<u>NO</u>
1. I have a court ordered child support obligation.....	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six months.....	<input type="checkbox"/>	<input type="checkbox"/>
3. I am the subject of a child support related subpoena or warrant.....	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's Signature: _____	Date: _____	