

1000 Washington Street, Suite 710  
BOSTON, MA 02118-6100  
(617) 727-3071

**You must have an official letter of verification of licensure sent from each jurisdiction in which you have been licensed. This includes all expired, lapsed or temporary licensures.**

7. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? No ☐ Yes ☐ If "Yes", please submit a detailed explanation on a separate page.
8. Have you voluntarily surrendered a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? No ☐ Yes ☐ If "Yes", please submit a detailed explanation on a separate page.
9. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? No ☐ Yes ☐ If "Yes", please submit a detailed explanation on a separate page.
10. Have you been the defendant in a civil proceeding resulting in a settlement or a judgment against you? No ☐ Yes ☐ If "Yes", please submit a detailed explanation on a separate page.
11. Have you ever admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction other than a traffic violation for which a fine of less than \$100 was assessed? No ☐ Yes ☐ If "Yes", please submit a detailed explanation on a separate page.

12. EDUCATION

College or University	Degree Earned	Date	Concentration

**Have Official Sealed Transcripts from all applicable Higher Education Institutions sent to the Board.**

13. OBSERVATION HOURS

Agency: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Send Observation Hours Form to the Board upon completion. The Observation Hours Form can be found on the Board's website, <https://www.mass.gov/lists/speech-language-pathology-and-audiology-applications-and-forms>

14. Pursuant to G.L.M.c.62C, s.49A, I have filed all required Massachusetts tax returns.

Yes ☐ No ☐ If "No", please provide explanation: \_\_\_\_\_

15. **Statement of the Applicant:**

I agree to abide by the rules and regulations for licensing of Speech-Language Pathology Assistant and/or Audiology Assistant as contained in Title 260 of the Code of Massachusetts Regulations (CMR). I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration to deny my application or to suspend or revoke a license issued to me.

**Applicant's signature (signed in the presence of a Notary Public)**

**Date (MM/DD/YYYY)**

Place a 2" by 2"  
original photo of yourself  
in this box.

**NOTARIZATION**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of government issued identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

\_\_\_\_\_  
Notary's signature

\_\_\_\_\_  
Seal of Notary

**BOARD OF REGISTRATION FOR SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
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\*Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DPL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY:

\_\_\_\_\_  
Name of Verifying DPL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DPL Employee Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

PLEASE INCLUDE THIS PAGE WITH YOUR APPLICATION

# APPLICATION CHECKLIST

- ☐ I have read the regulations governing the profession, i.e. M.G.L. c. 112, §§138 through 147; & 260 CMR. <https://www.mass.gov/lists/statutes-and-regulations-speech-language-pathology-and-audiology>
- ☐ I have answered all questions.
- ☐ I have enclosed evidence of 20 hours of observation of clinical practice by a licensed Speech-Language Pathologist or Audiologist.
- ☐ I have enclosed or have requested to be sent to the Board sealed, official academic transcripts evidencing educational eligibility.
- ☐ If applicable, I have enclosed or have requested to be sent to the Board sealed, official, certificates of standing from each jurisdiction (outside of MA) in which I have held a professional license or certification.
- ☐ I have signed & notarized the application form and checklist, inclusive of photo.
- ☐ I am forwarding the original application form and maintain a copy for my records.
- ☐ I have enclosed the two page **CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM**, properly signed and notarized.
- ☐ I have enclosed a \$68.00 Check/Money Order payable to: **Commonwealth of MA.**

Mail all to: Board of Speech Language Pathology & Audiology, 1000 Washington Street., Suite 710, Boston, MA 02118-6100