

WEST VIRGINIA BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY
AND AUDIOLOGY
99 Edmiston Way
Box 11, Suite 214
Buckhannon, WV 26201
304-473-4289
wvbeslpa@wv.gov
www.wvspeechandaudiology.com

Application for Provisional License
REQUIRED FOR: Postgraduate Professional Experience (PPE)

Licensure sought: Initial Provisional Provisional Renewal

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

*PHONE: () - *Gender: M F *BIRTHDATE: / /

*SSN: - - EMAIL _____
(Required)

EMPLOYMENT RECORD: 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: _____
FULL TIME PART TIME EMPLOYED FROM: TO:

ADDRESS: _____
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

PHONE NUMBER: () - EXTENSION: _____

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

EMPLOYERS NAME: _____
FULL TIME PART TIME EMPLOYED FROM: TO:

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.

“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.

A. Have you passed the National Examination (Praxis) in Speech-Language Pathology or Audiology?

Yes

No

Verification of a passing score must be received by the Board office from ETS before your application can be processed.

If NO, you are INELIGIBLE for a provisional license in the State of West Virginia.

B. List all academic degrees held: An OFFICIAL Transcript must be received by the Board office.

COLLEGE/UNIVERSITY

MAJOR

DEGREE

DATE GRADUATED (MO/YR)

YES

NO

C. Have you ever had ANY license request denied or ANY held license revoked or suspended ?

D. Have you ever been convicted or plead guilty to, or nolo contendere to a felony, whether or not any appeal or other proceeding are pending to have the conviction or plea set aside ?

SUBMIT COPIES OF ALL COURT DOCUMENTS W/ APPLICATION for Board review with considerations as stated in revised WV Rule §29-4-4.

E. Have you ever been found guilty of unethical practices in the conduct of ANY business or profession?

F. 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?

If you answered "Yes" to any question C through F, please provide detailed information on separate sheet.

G. Do you operate all or part of a business In West Virginia?

If the answer Is "Yes" please enter your FEIN or WV

Business ID Number

ID Number _____ - _____

The applicant must submit to the Board a Postgraduate Professional Experience (PPE) Form provided by the Board within 30 days from employment date. The PPE form can be accessed under the "Forms" link at www.wvspeechandaudiology.com

A person holding a Provisional License is authorized to practice speech-language pathology or audiology only while working under the supervision of a person fully licensed BY THIS STATE in accordance with WV Legislative Rule §29-1-12.7.

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 shall 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 ON 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:		<input type="checkbox"/>	<input type="checkbox"/>
		YES	NO
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: _____		