

Application to Upgrade to Speech-Language Pathology Assistant Certificate



Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.bspa.state.or.us

Fill out and submit this form if you are upgrading from a Provisional Speech-Language Pathology Assistant (SLPA) certificate.

To issue your certificate, please submit by email:

1. This form
2. The SLPA Clinical Competency Checklist —(See Supplement 3)
3. The SLPA Clinical Fieldwork Log —(See Supplement 4)
4. Supervision Change Notice—(See Supplement 5) - All certificate holders working as SLPAs must be supervised by qualified individuals. If you do not currently have a supervisor you can keep the form to use when you are assigned a supervisor. Supervision change forms must be submitted within 30 days of any change.

Once those are received we will set up an invoice for the SLPA License (\$100) and you can sign into the License Portal (not Application Portal) and submit payment. The full SLPA License will be valid until 1/30/26 and will have a renewal deadline of 12/31/25.

Note: There are no professional development (PD) hours required with this application, however you will need to submit PD to renew your SLPA Certificate. See our PD page for details.

Personal / Contact Information

Name: _____
First Middle Last

Email: _____

Home Address - Required

Street1: _____

Street2: _____

City State Zip Code

Home Phone Number Cell Phone Number

Current Work Address - Title: _____ (Or mark "not employed")

Employer: _____

Address: _____

City State Zip Code

Work Phone Number

Oregon SLPA Employment Offer (if any) Expected Start Date: _____

Employer: _____

Address: _____

City State Zip Code

Work Phone Number

Your email address will be used for Board correspondence and not shared with others. This is the primary way that the Board communicates with licensees.

Check the box indicating which address you like to use for Board correspondence. This address will be printed on your license.

REMEMBER WHILE LICENSED: Board rules require licensees to update contact information within 30 days of the change.

NOTE: If you have a job offer in Oregon pending licensure, provide that address and planned start date. Remember you **MAY NOT** practice as an SLPA before receiving your regular SLPA Certificate.

Clinical Fieldwork Details

Fill in the details of your supervised clinical fieldwork. You must include with your application a completed copy of your "Clinical Competency Checklist" & "SLPA Clinical Fieldwork Log"

Supervisor: _____

Fieldwork Participant: _____

Site: _____

Start Date: _____ End Date: _____ Hours/Week: _____

Criminal / Adverse Professional History

Answer all questions below with yes or no. Failure to answer truthfully may result in denial of your application and/or disciplinary action by the Board.

Since you applied for your Provisional SLPA Certificate:

Yes* No

Have you been arrested for any reason?
(Even if not charged and/or charges dismissed)

Have you been charged in court with any violation of the law (other than minor traffic violations)?

Have you been convicted of any violation of the law (other than minor traffic violations)?

Have you been the subject of a complaint reported to another licensing agency?

Have you been the subject of any disciplinary investigation or action by another licensing agency?

Have you voluntarily surrendered or resigned a professional license/certificate?

** If you answer yes to any of the questions, please include a copy of the related court proceedings, police reports and/or Board order for each conviction and/or disciplinary action. You must also attach a written narrative (your own personal statement) describing the surrounding facts and circumstances.*

Certification and Affidavit

I have read the provisions of the Oregon Law (ORS 681) and Oregon Administrative Rules (OAR 335). I agree to abide by all the Laws and Rules pertaining to my license. I understand that the burden of proof in meeting the requirements for licensure is upon myself and not the Board. I agree to be responsible for the collection and accuracy of required materials.

You are expected to read and comply with Oregon Revised Statute (ORS) 681 and Oregon Administrative Rules (OAR) 335.

Affidavit of Applicant

I, _____, depose and say that all of the above statements are true and correct; that I am the person described and identified above and on all attached documents.

*The ORS and OARs can be found from our Rules/ Statutes page on our website:
<http://www.oregon.gov/bspa/Pages/rules.aspx>*

Signature of Applicant

Date

Supplement 3 Speech-Language Pathology Assistant (SLPA) Clinical Competency Checklist



Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.oregon.gov/bspa

The clinical fieldwork supervisor must complete the ratings below for each rating period—that is, after each 25 hours of clinical interaction time. Your initials indicate that you met and discussed these ratings.

Fieldwork Participant Name: _____

Area of Examination	Rating #1 Date:	Rating #2 Date:	Rating #3 Date:	Rating #4 Date:
Knowledge of universal health and safety precautions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Basic Knowledge of workplace policies. Choose work setting below.				
<input type="checkbox"/> Public Schools / Early Childhood Programs Special Education Procedural Safeguards	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
<input type="checkbox"/> Private Practice / Clinic Settings Ethical standards, policies and procedure	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
<input type="checkbox"/> Hospital Setting Ethical standards, policies and procedure	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Ability to follow a therapy plan over time.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Completes individual therapy sessions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Completes group sessions with behavior management.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Collects data on therapy sessions.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Demonstrates understanding and ability to address client confidentiality issues.	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds	<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds
Participant Initials	1st Qtr:	2nd Qtr:	3rd Qtr:	4th Qtr:
Supervisor Initials	1st Qtr:	2nd Qtr:	3rd Qtr:	4th Qtr:

Supervisor Signature _____

Date _____

Oregon License # or ASHA Certification # _____

Supervisor Name (Print) _____

Site (Print) _____


Supplement 4 SLPA Clinical Fieldwork Log




Each fieldwork participant must complete at least 100 hours of clinical interaction, defined as actively participating in or leading individual, small group, or classroom therapy sessions. Clinical interaction must be directly supervised 100% of the time.

Also, each fieldwork participant must meet for a minimum of 2 hours with their supervisor for every 25 hours of clinical interaction, for a total of 8 hours. Meetings are for assessment, consultation and coaching regarding SLPA skills. Hours must be logged as in the examples below; assessments must be documented on the SLPA Clinical Competency Checklist form.

Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.oregon.gov/bspa

 Clinical interaction means:
active participating in or leading
individual, small group or classroom
therapy sessions.

 Clinical interaction does NOT mean:
passive observations, clerical tasks,
materials preparation or meetings
with your supervisor.

Date	Activity	Length of Time (Hrs)	Supervisor's Initials
3/31/17	Small group session—articulation	1.0	gjk
4/14/17	Consultation with supervisor and first 25-hour assessment	1.0	gjk
Total Hours Logged on this Page:			

Fieldwork Participant's Name (Print)

Signature

Date

Supervisor's Name (Print)

Clinical Fieldwork Site

Supervisor's Signature

Date

Oregon License # or ASHA Certification #

Supplement 5 SLPA Supervision Change Notice



You are required to be supervised by a SLP that meets the qualifications listed in [OAR 335-095-0040](#).

The SLPA must complete sections 1 and 2, and have the supervisor sign at the bottom.

You are required by OAR 335-005-0020(10) to notify the Board of changes (additions/subtractions/replacements) in your supervision within 30 days of the change.

Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.bspa.state.or.us

Section 1

Effective Start Date of Supervision:

Your SLP supervisor must hold an active SLP license from this Board, or meet additional requirements if licensed by TSPC. See the [Licensee Directory](#) on our website.

Section 2

Assistant Information

Name: _____

Cert #: _____

Expiration Date: _____

Phone: _____

Email: _____

If you are not currently working as an SLPA, write "NOT EMPLOYED" across the effective Start Date of Supervision section. When you begin work as an assistant, be sure to submit an SLPA Supervision Change Form (available on the Forms page of our website).

IMPORTANT:

If you have multiple supervisors, make a copy of this page for each supervisor and attach all of the supervisor sheets to this application.

REMEMBER WHILE LICENSED:

All added or deleted supervisors must be reported within 30 days of the change.

Affidavit:

I have read and agree to abide by the provisions of [Oregon Administrative Rules Chapter 335, Division 95, regarding SLPA supervision](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_335/335_095.html) (http://arcweb.sos.state.or.us/rules/OARs_300/OAR_335/335_095.html).

Signature

Date

Supervisor Information

Adding to my existing list of supervisors

Replacing Provisional Supervisor

Name: _____

Phone: _____

Email: _____

I have read the provisions of Oregon Administrative Rules [Chapter 335, Division 95](#) and agree to abide by them. I certify that the information submitted on this form is true and correct and that I am the person identified as the supervisor on this form.

Signature of Supervisor

Date