



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD

CLINICAL FELLOWSHIP YEAR (CFY) REGISTRATION APPLICATION PACKET

This application packet should contain the following information:

- 1.) Three (3) pages of instructions and information
- 2.) A three (3) page application form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2067 or by email at pla4@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT <http://www.in.gov/pla/speech.htm>.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2067 or by email at pla4@pla.in.gov. For additional information, please visit our website at www.pla.in.gov.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: SLPA Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

APPLICATION FOR CLINICAL FELLOWSHIP YEAR (CFY) REGISTRATION

LENGTH OF CLINICAL FELLOWSHIP

The clinical fellowship may not exceed a maximum period of eighteen (18) consecutive months. A clinical fellowship of less than fifteen (15) hours per week will not fulfill any part of the supervised experience requirement.

Registered clinical fellows who fail to complete their requirements within the allotted eighteen months must apply for a new CFY registration and the experience hours earned during the initial eighteen month period will not count toward the requirements for licensure.

CLINICAL FELLOWSHIP SUPERVISION

Clinical fellowship supervision must entail the personal and direct involvement of the supervisor in any and all ways that will permit the clinical fellowship supervisor to monitor, improve, and evaluate the clinical fellow's performance in professional employment.

TRANSFER OF SUPERVISION

If you have a change of supervision during the eighteen (18) month period, you must file a "Transfer of Supervision" application. You may obtain this application from our website located at <http://www.in.gov/pla/speech.htm>. After the application is received and processed, you will receive a new CFY certificate with your new supervisor listed.

AFTER COMPLETION OF CLINICAL FELLOWSHIP YEAR

Upon completion of your CFY, you may not practice as a speech-language pathologist or an audiologist until you have been approved for licensure issued a license by the Indiana Professional Licensing Agency.

SUPERVISOR'S CURRENT LICENSE

In order to supervise a clinical fellow, the supervisor must hold a current Indiana license as a speech-language pathologist or audiologist issued by the Speech-Language Pathology and Audiology Board

INSTRUCTIONS FOR COMPLETING YOUR CFY APPLICATION

The application is to be completed by the Clinical Fellow and the Supervisor. Mail the completed application and fee to the Indiana Professional Licensing Agency.

CLINICAL FELLOW: Applicants must complete and sign pages 1 and 2 of the application and forward page 3 to your CFY supervisor.

SUPERVISOR: Supervisors must complete and sign page 3 of the application, entitled "Clinical Fellow Supervisor's Information".

FEE: Applicants must submit a fifty dollar (\$50) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **All fees are non-refundable and non-transferable.**

PLEASE NOTE: YOU MAY NOT BEGIN YOUR CFY UNTIL YOUR APPLICATION HAS BEEN APPROVED AND YOUR REGISTRATION NUMBER HAS BEEN ISSUED.