

**STATE BOARD OF EXAMINERS IN SPEECH, LANGUAGE, AND HEARING  
P O BOX 2649  
HARRISBURG, PA 17105  
717-783-1389**

[www.dos.state.pa.us/speech](http://www.dos.state.pa.us/speech)

[st-speech@pa.gov](mailto:st-speech@pa.gov)

**Application instructions for Licensure in Audiology or Speech Language Pathology for  
Applicants who hold Current ASHA Certification issued by the American Speech-  
Language-Hearing Association**

1. Complete pages 1 and 2. An original signature is required; a faxed copy will not be accepted.
2. Attach \$20.00 application fee payable to Commonwealth of PA.
3. Complete top section of page 3. Send to ASHA. Verification must be received directly from ASHA in an official sealed envelope. If applicant does not possess a current Certificate of Clinical Competence from the Council for Clinical Certification of the American Speech-Language-Hearing Association (ASHA Certification), complete the Application based on Master's degree, Clinical Fellowship and Praxis Examination.
4. Complete page 4 only if you will have a Pennsylvania Employer. Complete top section of page 4. Provide this form to the Pennsylvania Employer. This form must be submitted directly to the Board office to the address listed above in an official sealed envelope. (This form must be mailed in a sealed envelope that includes the employer's return address matching the employer name listed in the paragraph on page 4.)
5. Attach a Curriculum Vitae listing all periods of employment or any other activities (i.e. child rearing, etc.) from graduation to the date of the application. The list must be in chronological order and include dates of employment/activities and must provide a list of duties.
6. Request letter(s) of good standing to be forwarded directly in an official sealed envelope, to the Board from any other state in which you have ever held a license to practice.
7. If a different name is used on documentation submitted to the Board, a copy of a legal name change document (marriage certification, court order, divorce decree) showing change of name is required.

**PLEASE NOTE: If the application process has not been completed  
within one year from the date it was received, applicants will be  
required to submit an updated application and another application fee.  
PAGES 1 AND 2 AND LETTERS OF GOOD STANDING  
MUST BE UPDATED EVERY SIX MONTHS.**

**STATE BOARD OF EXAMINERS IN SPEECH, LANGUAGE,  
AND HEARING**

Phone: 717-783-1389  
Fax: 717-787-7769

**Regular Mailing Address**  
P O Box 2649  
Harrisburg, PA 17105-2649

**Courier Delivery Address**  
2601 North Third Street  
Harrisburg, PA 17110

**APPLICATION FOR LICENSURE BASED ON CURRENT ASHA  
CERTIFICATION**

**Attach \$20.00 application fee** (non-refundable) payable to the Commonwealth of PA. (Please note- A processing fee of \$20.00 will be charged for any check or money order returned unpaid by the bank, regardless of the reason for non-payment.)

**Type of License- Check one:**  Audiology  Speech Language Pathology

Rosati                      Brittany                      Lynn  
Last Name                      First                      Middle                      Maiden Name

2021 Circle Drive                      Brit. Rosati@gmail.com  
Street Address                      Email address

Allquippa                      PA                      15001  
City                      State                      Zip Code

04/26/1992                      XX-XX-2395  
Date of Birth                      Social Security Number

724-561-5357 (cell)                                                                 
Home Telephone                      Work Telephone

unemployed  
Name of Pennsylvania employer-if not employed in Pennsylvania, please write "unemployed"

Clarion University                      05/2014                      BS  
Name of Educational Institution                      Date Graduated (month/year)                      Degree Earned

The following questions must be answered, please check the appropriate box		Yes	No
1.	Have you ever been licensed to practice Audiology, Speech Language Pathology, or Teacher of the Hearing Impaired in any other state? <b>If yes, please list all states below</b> <hr/>		X
2.	Has any disciplinary action been taken against your license in any state, territory or jurisdiction?		X
3.	Have you ever withdrawn an application, had an application denied or refused, or agreed not to apply for licensure in another jurisdiction?		X
4.	Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
5.	Have you ever been found guilty of immoral or unprofessional conduct or violated standards of professional practice or conduct?		X
6.	Are you now, or have you within the past five years, been actively addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.)		X
7.	Do you have any mental or physical condition that would prevent you from practicing as a Speech Language Pathologist, Audiologist, or Teacher of the Hearing Impaired with reasonable skill?		X

**IF YOU HAVE ANSWERED YES TO ANY QUESTIONS 2 THROUGH 7, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER PROVIDING A DETAILED EXPLANATION OF THE CIRCUMSTANCES AND THE OUTCOME. INCLUDE CERTIFIED COPIES FROM THE COURT IF YOU ANSWERED YES TO #4.**

#### VERIFICATION

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way and that the statements in this application are true and correct to the best of my knowledge, information and belief. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911 and I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

Brian J. Rosati  
APPLICANT'S SIGNATURE

04-16-14  
DATE

Note that disclosing your social security number on this application is mandatory in order for the State Board of Examiners in Speech-Language and Hearing to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. Reports to the HIPDB must include the licensee's social security number.

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HARRISBURG, PA 17105  
717-783-1389

**CERTIFICATION**

TO BE COMPLETED BY APPLICANTS SEEKING LICENSURE BASED ON CURRENT ASHA CERTIFICATION:

APPLICANT – COMPLETE TOP SECTION AND SEND TO:

American Speech-Language-Hearing Association (ASHA)  
2200 Research Blvd.  
Suite 313  
Rockville, MD 20850-3289

Rosati                      Brittany                      Lynn  
\_\_\_\_\_  
Last Name                      First                      Middle                      Maiden Name

2021 Circle Drive  
\_\_\_\_\_  
Street Address

Allquippa                      PA                      15001  
\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Type of Certificate Held                      Certificate Number                      Social Security Number

**ASHA COMPLETE BOTTOM SECTION AND RETURN DIRECTLY TO THE BOARD OFFICE AT THE ABOVE ADDRESS IN AN OFFICIAL SEALED ENVELOPE.**

\_\_\_\_\_ HEREBY CERTIFIES THAT

\_\_\_\_\_ WAS ISSUED

CERTIFICATE NUMBER \_\_\_\_\_ ON \_\_\_\_\_ EXPIRES ON \_\_\_\_\_

PLEASE CHECK TYPE OR TYPES OF CERTIFICATION GRANTED:

AUDIOLOGY

SPEECH LANGUAGE PATHOLOGY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title                      Date

STATE BOARD OF EXAMINERS IN SPEECH, LANGUAGE, AND HEARING

Regular Mail  
P O BOX 2649  
HARRISBURG, PA 17105  
717-783-1389

Courier Delivery  
2601 N THIRD ST  
HARRISBURG, PA 17110

**CURRENT PENNSYLVANIA EMPLOYER**

**APPLICANT** – Complete top section and send to Pennsylvania employer. If you have more than one employer, make copies of this page and send a copy to each one. If you do not have a current Pennsylvania employer, you are not required to submit this page.

Rosati	Brittany	Lynn	
Last Name	First	Middle	Maiden Name
04/26/1992			XXX-XX-2395
Date of Birth			Social Security Number

**EMPLOYER** – Complete bottom section and submit directly to the Board office to the address listed above in an official sealed envelope. (Form must be mailed in a sealed envelope that includes the employer’s return address matching the employer name listed in the below paragraph).

In accordance with Sections 16 and 17 of the Speech-Language and Hearing Licensure Act of December 21, 1984, PL 1253, 63 P.S. § 1716 and 1711, I the undersigned, being duly authorized, certify that \_\_\_\_\_, is the name  
(Name of corporation, partnership, trust, association, company or organization must be listed here)  
of a corporation, partnership, trust, association, company, or organization, which engages in the practice of Speech Language Pathology, Audiology, or Teaching of the Hearing Impaired by the employment of individuals licensed under the provisions of this act, submits itself to the rules and regulations of the State Board of Examiners in Speech, Language, and Hearing and the provisions of the Act which the Board considers applicable.

**VERIFICATION**

I verify that the statements on this page are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA C.C § 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. (Notarization not required.)

\_\_\_\_\_  
Pennsylvania Employer's Signature Title Date

\_\_\_\_\_  
Mailing Address of Place of Employment City State, Zip Code

\_\_\_\_\_  
Print or type name of Pennsylvania Employer