

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID
DISPENSERS AND SPEECH-LANGUAGE PATHOLOGISTS**

4201 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2299 PHONE 410-764-4725
FAX 410-358-0273 TTY FOR DISABLED – MARYLAND RELAY SERVICE 1-800-735-2258

**AUDIOLOGY
APPLICATION FOR FULL LICENSURE**

Thank you for your interest in the licensing of audiologists in the State of Maryland. The Law which provides for the licensing of audiologists was enacted on July 1, 1972. House Bill 326 changed the Board's Law. To read House Bill 326 you may go to <http://mlis.state.md.us>. Click Prior Session -Scroll to Information Type- Bill 2007 – Submit Query for House Bill 326. Click House Bill 326 at the top of the page to read the Bill.

As of October 1, 2007 all new graduates are required to hold a doctorate in audiology for a full license. Applicants must also meet supervised clinical audiology requirements. Applicants who do not meet the required supervised hours may be eligible for a limited license. The license must be obtained prior to employment.

Note: To pass the open book law examination, all applicants must score at least 75. You can download the examination from the Board's web site at www.mdboardaudhadslp.org. Use the Forms Link to download a copy of the law examination. To complete the examination, use the Law and Regulation Links on the web site. Refer to the law and regulation reference number included with the questions to get the correct answer. If you do not have access to a computer, call the Board office and the examination and a copy of the law and regulations will be mailed to you. A license will **NOT** be issued unless the law examination is passed.

**AUDIOLOGY
APPLICATION FOR FULL LICENSURE CHECKLIST**

I. ALL APPLICANTS NEED:

- ___ \$150.00
- ___ A recent 2x2 passport size photo
- ___ Application Signed
- ___ Application Notarized
- ___ Law Exam Completed

II. DOCUMENTS NEEDED:

- ___ Letter of confirmation of CCC from ASHA or
- ___ Copy of CCC Certificate (**a copy of the ASHA Card is not accepted**) or
- ___ Letter of confirmation of certification from the American Board of Audiology or
- ___ Copy of ABA Certificate showing expiration date
- ___ Resume
- ___ License affidavit from any state in which you are now licensed or have ever been licensed
- ___ Official Doctorate Transcript (**for graduates after September 30, 2007**)
- ___ Official Masters Transcript
- ___ Official Undergraduate Transcript
- ___ Exam Scores

A first time licensee, who has not held a full license in this state or another state for one full year, must submit the following verifications on University letterhead from the academic institution conferring their degree:

___ Letter of confirmation that the academic coursework completed by the individual applying for a license is consistent with the standards established by: **The Accreditation Commission for Audiology Education (ACAE) or The Council for Academic Accreditation (CAA)**

___ Letter of confirmation on University letterhead stating the **actual number of clinical training patient contact hours**, completed by the individual applying for a license, **while working under direct on-site supervision.**

If licensed in another state, please complete first part of licensure Affidavit (Form AS4), forward a copy to **all** the State Boards where you **now have or have ever held a license** for them to complete and return to the Maryland Board

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APPLICATION FOR FULL LICENSE IN AUDIOLOGY

Date _____

1. Name _____
Last First Maiden/Middle

2. Date of Birth _____ 3. Social Security # _____

4. Residence _____
Street Apt. #

City State
Telephone # _____ Alternate# _____ Email _____

5. Professional Address _____
Facility or Company's Name

Street Suite #

City State Zip Code

Telephone # _____ Fax _____

Beginning Date of Employment _____

6. Have you previously been licensed in Maryland ? _____ If yes,
License Number _____ Date Expired _____

7. Have you ever been convicted of a felony or a misdemeanor involving moral
turpitude? _____ Yes _____ No

IF "YES" ATTACH FULL DETAILS

FOR OFFICE USE

Received _____ CK () MO () Number _____

Revised 9/07

Affix current
photo here

AUD FULL APPLICATION

8. Education and Employment

A. Education

School	Name & Location	Attended From To	Credit Hours	Major	Degree & Date
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Undergraduate:

Graduate:

Other:

Note: If you do not have ASHA or ABA Certification, Certified official transcript showing credit hours of special study in the area for which license is desired, documentary evidence of education, and other supporting data must accompany application.

B. Do you hold the Board Certification from the American Board of Audiology? ___ Yes ___ No
Date originally granted _____ Date expires _____

C. Do you hold the American Speech-Language-Hearing Association Certificate of Clinical Competence in Audiology? ___ Yes ___ No
Date originally granted _____ Date expires _____

(1) Clinical training of 1000 direct on site supervised hours completed ___ Yes ___ No

(2) National Examination in Audiology Passed ___ Yes ___ No

If answer to either (1) or (2) is no, enclose summary of professional experience including on site direct supervision hours, facility, supervisor, address and telephone numbers.

Note: If you hold an ABA or CCC certification, proceed to item #10.

PHOTOCOPY OF CERTIFICATION OR LETTER FROM ISSUING AGENCY MUST ACCOMPANY APPLICATION.

C. Employment during Clinical Fellowship – Give the date, brief description of duties and responsibilities, title of position and employer’s address

Form AS2 must be submitted for each place of employment during the period of clinical training.

AUD FULL APPLICATION

9. Supervision of Clinical Training year

A. Submit Verification of Supervision for Limited Licensure/Clinical Fellowship Year (AS2) or copy of ASHA CFY Report.

B. Submit Verification of Satisfactory Completion of Clinical Fellowship Year (AS3).

10. Are you now or have you ever been licensed in any other state? _____ If so, please complete the first part of the attached Licensure Affidavit, AS4. Have the remainder of the form completed by the other licensure Board and return to the Maryland Board Office.

Now licensed in the following states: _____

Previously licensed in the following states: _____

Has any disciplinary action ever been taken against your license in any other jurisdiction?

Yes _____ No _____ **If yes, please attach full explanation.**

11. Have this Affidavit completed by a Notary Public

STATE OF _____

CITY OR COUNTY OF _____

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signature of Applicant

Signature of Notary

Subscribed and sworn to before this _____ day of _____

In accordance with Executive Order 01.01.1093-18, the Board is required to advise you as follows regarding the collection of personal information. Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the Board to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.

Your Social Security Number is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and correctional Services to check for any criminal convictions.

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VERIFICATION OF SUPERVISION FOR AUDIOLOGY
LIMITED LICENSE CLINICAL FELLOWSHIP YEAR

1. Applicant (Please Type or print)

A. Name: _____
Last First Middle/Maiden

B. Address: _____
Street Apt. #

_____ City State Zip Code
Phone: _____ Email _____

C. Academic Status: _____
University Degree Date Conferred

D. Employment Setting:

1. Facility Name: _____

2. Address: _____
Street Suite #

_____ City State Zip Code

Phone: _____ Email _____

3. Beginning date of employment: _____
Month Day Year

4. How many hours per week spent in Audiology? _____

5. Are you completing a clinical fellowship? _____ Yes _____ No

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**VERIFICATION OF SATISFACTORY COMPLETION OF AUDIOLOGY
CLINICAL FELLOWSHIP YEAR**

I hereby declare that _____
Name of Applicant

Address _____

an applicant for Maryland licensure in audiology, was employed as a professional in that
field from _____ to _____ for _____ hours per week.

The place of employment was _____
Facility Name

Address	City	State	Zip Code
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I further declare that the applicant was supervised by _____
Name of Supervisor

At that time the supervisor held:

- () Maryland License in Audiology
- () ASHA Certification in Audiology
- () A License in Audiology from _____
State

Whose licensure requirements were equivalent to ASHA certification or ABA
certification .

I verify that during the employment period, the applicant reached a satisfactory level of
competence in the area in which licensure is sought.

Signature of Supervisor Title

Typed or Printed Name Current Phone Number

Date
Form AS3

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AFFIDAVIT TO BE COMPLETED BY LICENSURE BOARD

This portion of the form is to be completed by the audiologists. Would you please verify the licensure in your jurisdiction for:

First Name Middle Name Last Name

Date of Birth _____ Social Security Number _____

Graduate of _____ Date _____

This portion of the affidavit to be completed by the Licensure Board.

License No. _____ Date Issued _____

With State Examination _____ Without Examination _____

Is license in good standing? _____ Expiration Date _____

Has the license ever been suspended or revoked? _____ If yes, please explain why:

Attach a separate sheet for explanation

Has it been reinstated? _____

Has any disciplinary action been taken against the license _____ If yes, please explain:

Attach a separate sheet for explanation

Is there any derogatory information on file concerning this license _____ If yes, please explain:

Attach a separate sheet for explanation

Signature _____ Date _____

Title _____

State Board _____ State of _____

AFFIX SEAL
OF BOARD
HERE