

**Audiology –
Full License Application Checklist & Application**

PLEASE NOTE:

While we will accept electronic documents sent in the form of a scanned pdf (phone screenshots are not acceptable) to help expedite the licensing process, we will NOT accept ANY documents without original signatures and notarizations. Documents without original signatures and/or notarizations will be considered incomplete and the application will not be approved. Original documents of any electronic pdf submissions, must ALSO be sent to the Board office within 30 days of the issuance of a license. Please upload your application with supporting documents using the online application. If you have any questions please email monicah.wright@maryland.gov.

I. All applications require the following items be received at the Board office, *in addition to the items in either section II or III*, before the application is complete and ready for Board approval:

- ___ \$150.00 Fee (check or money order payable to the Board of AUD)
- ___ A recent 2x2 passport size photo
- ___ Signed and Notarized Application
- ___ Criminal History Records Check (must be received by CJIS before a license can be issued)
- ___ Completed Law and Regulation Examination (requires a passing score of 75% or greater)

II. Additional documents to be submitted:

If Applicant Currently Holds ASHA-Issued Certificate of Clinical Competency or AAA Fellowship:

- ___ Primary Source Verification Letter from ASHA confirming current with CCC-A
- ___ Brief Resume (if applicant has been practicing more than 5 years)
- ___ License affidavit from **all** states in which the applicant is currently licensed or has ever been licensed.

If Applicant Does Not Hold ASHA-Issued Certificate of Clinical Competency or AAA-Issued Fellowship (FAAA):

- ___ Official Transcript of Master's or Doctorate Degree in Audiology
- ___ Praxis Exam Scores (successfully completed within the past years)
- ___ Clinical Fellowship Year Plan (Form AS2)
- ___ Clinical Fellowship Year Verification (Form AS3)

III. Applicants who currently hold an active Maryland Limited License in Audiology ONLY need to Submit the Following once they have successfully completed the Praxis examination (a new Audiology application is NOT needed):

_____ \$150 Fee (check or money order payable to the Board of AUD, **AND**,

_____ **EITHER of the following two options:**

Option A - Passing score on the Praxis examination sent directly to the Board by ETS.

Option B – Primary Source Verification of holding the CCC-AAA sent directly to the Board from the American-Speech-Language-Hearing Association (ASHA) **OR** verification from the American Academy of Audiology confirming you as a Fellow of AAA.

Note: Law and Regulations Examination

To pass the open book examination, all applicants must score at least 75.

Applicants who submit their applications online will be sent a link to complete the required law exam electronically. To complete the examination, refer to the law and regulation reference number included with the question. Use the “Laws (Statutes) & Regulations” link on the Board’s web site (left side of the landing page) to access the laws and regulations to answer the questions. Once in the “Laws and Regulations” section, the Laws are accessible through the link at the top of the page and the regulations (COMAR) are accessible through the link at the bottom of the page. A license will **not** be issued unless the Law and Regulation Examination is passed.

Note: Criminal History Records Check

Effective October 1, 2016 an applicant for initial licensure must submit evidence to the Board of an application for a criminal history records check (CHRC).

Information and forms regarding the required CHRC is on the Board’s Forms page (click on Forms in the Quick Links section). The in state (Maryland) pre-filled LiveScan Pre-Registration form is attached to this application to be printed and taken with you to have your fingerprints taken. This form contains our Board-specific codes and is the **ONLY** form that can be used to satisfy this requirement.

In-state applicants and out-of-state applicants near Maryland may go to an authorized fingerprinting location in Maryland. The CHRC resources page on the Board’s website provides a link to the Department of Public Safety & Correctional Services’ list of authorized fingerprinting locations.

An application for licensure will not be processed until the application is complete, including submitting evidence of a criminal history records fingerprint receipt.

Out-of-state applicants must contact the Board's Office Secretary, Ms. Monica Wright, to provide the name and address of where to send the fingerprint card. Applicants may call 410-764-4725 or email monicah.wright@maryland.gov, to request and provide their information. Official out-of-state fingerprint cards may be mailed directly to the applicant before submission of an application for licensure to this Board.

Please note that the CHRC requirement is in addition to answering the disciplinary questions in the application and a license cannot be issued until the CHRC requirement has been satisfied.

TOEFL Scores

English as a Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of 80% within the previous two years from the date of the application. A copy of you exam scores must be submitted with your application.

Continuing Education Requirement Notice

Continuing education is a requirement to renew a license. Continuing is prorated for most new licensees depending on the issuance date of the full license. Information regarding the amount of continuing education required to renew the license is issued to new licensees and can be found on our website under the "Continuing Education" link.

The continuing education requirement for renewing an audiology license is 30.0 hours (clock hours) or 3.0 CEUs, completed during the two calendar years preceding the expiration date of the license. For example, a license expiring on May 31st, 2020, requires that 30 hours or 3.0 CEUs be completed between 6/1/2018-5/31/2020, for the June 1, 2020 renewal.

Maryland Department of Health
**Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech-Language Pathologists, and Music Therapist**
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone: 410-764-4725 Fax: 410-358-0273
TTY – Maryland Relay Service 1-800-735-2258

Application for Audiologist- Full License

Applicant must check here if the applicant is a veteran or has received training in the military that is being applied to the education requirements for licensure.

Please Read The Application Checklist Before Completing Application Below:

1. Name: _____
Last First Maiden/Middle

Other Names: _____

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

4. Residence: _____
Street Apt. #



_____ City State Zip Code

Telephone #: _____ Alternate #: _____

E-Mail: _____

What is your first language? English Other _____

5. Professional Address: _____
Facility or Company's Name

_____ Street Suite #

_____ City State Zip Code

Telephone #: _____ Fax #: _____

Anticipated Date of Employment _____

For Office Use Only

Received _____ CK () MO () Number _____

7. Have you previously been licensed in the State of Maryland? _____

If yes, License Number _____ Expiration Date _____

8. Have applicant ever been convicted of a felony or a misdemeanor involving moral turpitude? ___ ___ No ___ ___ Yes

If "Yes" attach full details with copies of all relevant court documents.

9. Education and Employment

A. Education

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

Graduate: (If Master's is highest degree complete. Otherwise mark NA for "Graduate.") _____

Au.D: (Complete if highest degree is Au.D., otherwise mark NA for "Au.D.") _____

Note: If applicant does not hold AAA fellowship or ASHA certification, a 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. Applicant is a fellow of the American Academy of Audiology? Yes No

Date Originally Granted _____ Expiration Date _____

C. Applicant holds the American Speech-Language-Hearing Association Certificate of Clinical Competence in Audiology? Yes No

Date Originally Granted _____ Expiration Date _____

(1) Clinical training of 1,000 direct on-site supervised hours completed?

Yes No

(2) National Examination in Audiology Passed?

Yes No

If answer to C.(1) is "No", applicant must enclose a summary of professional experience including on site direct supervision hours, facility, supervisor, address and telephone numbers.

Note: Applicants that are either a Fellow of AAA or hold CCC-A certification from ASHA may proceed to item #11 AND must submit a verification letter from the issuing agency showing date obtained and expiration, in order for the application to be complete.

D. Employment during clinical training (Clinical Fellowship Year for Master's degree or Clinical Externship Year for Au.D.). Provide the employer, employer's address, dates of employment, and brief description of duties and responsibilities during clinical training,

10. Supervision of Clinical Training - A. and B. below to be completed only if applicant is already licensed in another state with a Master's degree as the highest degree obtained AND applicant does not submit evidence of the ASHA CCC-A and/or AAA Fellowship.

A. Submit **Verification of Supervision for Limited Licensure/Clinical Training (AS2)** or copy of ASHA Clinical Training Report.

B. Submit **Verification of Satisfactory Completion of Clinical Training (AS3)**.

11. Are you now or have you ever been licensed in any other state? Yes No

If "yes", applicant must complete the first part of the attached Licensure Affidavit, AS4. The remainder of the Licensure Affidavit must be completed by the licensure board and the completed form must be returned to the Maryland Board of Examiners.

Currently licensed in the following states: _____

Previously licensed in the following states: _____

Has any disciplinary action ever been taken against any license you have held in any other jurisdiction?

No Yes **If yes, please attach full explanation (typed).**

12. Notary Attestation

I hereby affirm that I have read Sections § 2-101 to § 2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by the Board.

I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. The fee includes licensure fee.

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.

Signed before me on the _____ day of _____, by _____

Signature of Applicant

Signature of Notarial Officer

Title of Officer

Stamp:

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.

Race/Ethnic Identification

To further its commitment to equal access the Board of Examiners requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Male Female Other _____

Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? Yes No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

- 1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- 2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- 3. Black or African American (A person having origins in any of the black racial groups of Africa.)
- 4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

AUD Full

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TTY/Maryland Relay Service 1-800-735-2258

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

Form AS4

Revised February 2022

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Name: _____

Date: _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:						
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>		
Height:	ft.	inches	Weight:	lbs.	Eye Color:	Hair Color:
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>	
Place of Birth:				Citizenship:		
Current address:						
City:			State:		ZIP Code: -	
Daytime Phone:		Evening Phone:		Driver's License #:		

AGENCY INFORMATION

Agency Authorization #: 1600003672	
ORI # (if required): MD920528Z	Reason fingerprinted? Licensing
Position Applied for: Board of AUD HAD and SLP	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: Do Not Mail This Form To The Board

Address: Do Not Mail This Form To The Board

City, State, Zip code: Do Not Mail This Form To The Board
