

**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

Delegation Agreement

An Audiology Assistant or an applicant for licensure as an Audiology Assistant must file a Delegation Agreement with the Board. A separate agreement must be filed for **each** supervising Audiologist under whom the AUD Assistant will be working. Each Delegation Agreement must be re-filed at the time of license renewal. Additionally, if there is a change of supervision (adding or removing), a new Delegation Agreement must be filed immediately.

Audiology Assistant Information:

Change in Employment Site

Additional Site

Additional Supervisor

Change in Hours

Change of Supervisor

Applicant's Name: _____

Mailing Address: _____

Telephone: _____ Alternate: _____

If currently licensed as an assistant, Maryland AUD Assistant License No.: _____

Supervising Audiologist

Name: _____

Address: _____

Telephone: _____ Alternate: _____

Maryland AUD License No.: _____ and/or ASHA No.: _____

Facility Information (where the AUD Assistant Limited Licensee will be practicing) Facility

Name: _____

Facility Address: _____

Contact Person: _____ Phone: _____

Will the supervising Audiologist be responsible for the practice of the AUD Assistant at additional facilities? _ Yes _ No _

If yes, please indicate the additional facilities and their addresses here:

Delegation Agreement

The Audiology Assistant named in this Delegation Agreement is authorized to assist the supervising Audiologist named in this agreement in the implementation of audiology treatment goals and related activities as outlined in the AUD Assistant Regulations (COMAR 10.41.11) under the direction of the supervising AUD at the above named facility(ies).

The Audiologist agrees to supervise the AUD Assistant according to the standards outlined in the COMAR regulations; the Audiologist may not supervise more than the equivalent of two (2) full-time students (AUD assistants and/or AUD clinical fellows and/or clinical interns) per day in off-site placements.

The AUD Assistant agrees to perform only those activities authorized in the COMAR regulations.

The AUD Assistant agrees to notify the Board if this Delegation Agreement is no longer valid.

Signature of AUD Assistant

Date

Signature of Supervising AUD

Date