

Maryland Department of Health

Form SA2

**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

Associate Degree in Allied Health Field

Verification of Minimum Required Coursework

Applicant (please type or print)

Name: _____
Last _____ First _____ Middle/Maiden _____

Address: _____
Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone #: _____ Alternate #: _____

Educational Institution

Name of Institution: _____

Address: _____

Street: _____

City _____ State _____ Zip Code _____

Dates Attended: From _____ To _____

Associate Degree in _____ granted _____
(major) _____ (date – mm/dd/yyyy)

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The Board's regulations require that an applicant with an Associate's Degree in an allied health field from an accredited institution has completed at least 3 credit hours in each of the areas listed below. Please indicate the name of the course on the transcript that fulfills each requirement and **attach an official transcript showing the Associate Degree**. If the title of the course is not self-explanatory, attach catalog description or syllabus. A minimum of 3 credit hours is required in each of the following areas:

Normal Speech-Language Development

Name of Course _____

Semester Taken _____

Additional Courses in this area: _____

Speech Disorders

Name of Course _____

Semester Taken _____

Additional Courses in this area: _____

Anatomy and Physiology of Speech Systems

Name of Course _____

Semester Taken _____

Additional Courses in this area: _____

Language Disorders

Name of Course _____

Semester Taken _____

Additional Courses in this area: _____

Phonology

Name of Course _____

Semester Taken _____

Additional Courses in this area: _____
