

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 ó Maryland Relay Service: 1-800-735-2258

Audiologist – Application for Limited License

Application Checklist

I. All Applicants Must Submit:

- \$100.00 Fee (make check or money order payable to the Board of AUD)
- Recent 2x2 passport size color photo
- Application Signed
- Application Notarized
- Law Exam Completed
- Implicit Bias Training

Application fee is non-refundable.

Note: The Law and Regulation Examination is an open book examination. An applicant must score at least 75 percent to pass the open book law examination. Applicants who submit their applications online will be sent a link to complete the required law exam electronically. To complete the examination, use the Law and Regulation links on the Board's web site. Refer to the law and regulation reference number included with the questions to get the correct answer.

II. Documents To Be Submitted:

Official Transcript: Request college to send the transcript directly to the Maryland Board.

Clinical Training Plan (Form AS2)

Note: A Form AS2 (Verification of Supervision for Limited Licensure/Clinical Training) must be submitted for each place of employment during the period of limited licensure.

III. Praxis Examination Scores:

Praxis Exam Score Report: Official Praxis score report must be sent to the Board when available.

Renewal of Limited License as an Audiologist

If an individual that holds a limited license as an audiologist is unable to obtain the minimum required time of supervised practice as a full time limited licensee, or obtain the specified months of supervised practice as a part-time limited licensee the individual may renew the limited license for an additional year. The renewal form and the \$25.00 renewal fee must be submitted at least 30 days prior to the expiration of the limited license. An individual with a renewed limited license is eligible for transfer to a full license provided the minimum number of supervised months has been completed.

If an individual fails to obtain the minimum of 9 months of supervision within the two years of limited licensure the individual must wait an additional year after the expiration of the renewed limited license before the individual can reapply for a limited license as a audiologist.

Transfer of Limited License to Full License

An individual holding a limited license as an audiologist will be transferred to a full license provided the individual has met all the requirements for full licensure and the limited licensee has been supervised for the appropriate amount of time. The limited licensee is required to submit an official transcript, Praxis Exam Score Report, a completed AS3 form or Copy of ASHA Certification

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.

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- Limited License

Please Read The Application Checklist Before Completing Application Below:

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.

1. Name: _____
Last First Middle/Maiden

2. Home Address: _____
Street Apt.

City State Zip Code

3. Phone #: _____ **Alternate #:** _____

E-Mail: _____

4. Date of Birth: _____ **5. Social Security #:** _____

6. Have you previously been licensed in the State of Maryland? _____ If yes,

License # _____ Date Expired _____

7. What is your first language? English Other _____

8. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

_____ Yes _____ No

If yes, please provide detailed explanation on a separate sheet of paper and attach it to the application as well as court documentation.

9. Education

Graduate School _____

Address _____
Street City State Zip Code

Attended _____ to _____ Major _____ Date Degree Conferred _____

For Office Use Only

CHRC _____ CH () MO () Number _____ Received _____

11. Affidavit (Must Be Completed by a Notary Public)

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 _____
Name of Applicant

Signature of Applicant

Signature of Notarial Officer

Title of Office

Stamp:

Implicit Bias Training- By checking this box, I hereby attest that I have completed an Implicit Bias training program approved by the Office of Minority Health and Health Disparities under Article II § 17(c) of the Maryland Constitution, May 30, 2021.

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 Limited

Requirements for Clinical Fellowship Year (CFY)

CFY Time Requirements:

The clinical training must be started within two years after completion of the academic coursework and clinical practicum requirements and must then be completed within 24 months. The CFY can be completed either by full-time or part-time professional employment. See the requirements on this sheet for full-time or part-time employment to meet the supervised practice requirement.

To complete a clinical training, the applicant shall be employed as a professional in the field of audiology under appropriate on-site supervision for not less than 9 months with a minimum of 36 hours of work per week. This requirement may also be met with

Part-Time Requirements Are As Follows:

- 25-35 hours per week ó must work a minimum of 12 months
- 21-24 hours per week ó must work a minimum of 15 months
- 17-20 hours per week ó must work a minimum of 18 months
- 14-16 hours per week ó must work for 24 months

At least 80% of the applicant's employment during the clinical training shall be in direct contact which includes assessment/diagnosis/evaluation; screening; habilitation and rehabilitation; and activities related to client management.

Form AS2:

An applicant for a Limited License shall submit a Form AS2, Verification of Supervision for Limited License/Clinical Training with the application to the Board. **The applicant may not begin practicing until the Limited License application is approved by the Board.** A Limited License authorizes the applicant to practice only in the setting and under the supervision of the person specified on the AS2. Pursuant to COMAR 10.41.03.03A(7) a new Form AS2 must be submitted to the Board for each change in supervisor and/or practice setting. The limited licensee may not begin working in the new setting or under the supervision of another individual unless a revised limited license has been issued to the limited licensee.

Clinical Training Supervision Requirements:

An individual serving as a supervisor:

- (a) Shall hold a valid license issued by the Board in audiology, or if the supervisor is employed by a facility whose employees qualify for an exemption from licensure the Certificate of Clinical Competence of the American Speech-Language-Hearing Association in Audiology or Board Certification in Audiology from the American Board of Audiology;

(b) Shall have been in practice for a minimum of 3 years after completion of the clinical training;

(c) Shall supervise not more than three limited licensees at one time; and

(d) May not have been formally disciplined by the Board within the previous 5 years.

On-site direct supervision is required.

Form AS3:

Upon completion of the CFY, the Limited Licensee shall submit to the Board an AS3, Verification of Satisfactory Completion of CFY, completed by the supervisor and a copy of the scores on the National exam, if not previously submitted. If the CFY was done in more than one setting, or under more than one supervisor, a separate AS3 must be submitted for each setting or supervisor.

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
Verification of Supervision for Limited Audiologist License Clinical Training

I. Applicant (Please Type or Print)

A. Name:

Last	First	Middle/Maiden
------	-------	---------------

B. Address:

Street	Apt.
--------	------

City	State	Zip Code
------	-------	----------

Phone: _____ Alternate #: _____ Email: _____

C. Academic Status:

College	Degree	Date Awarded
---------	--------	--------------

D. Employment Setting:

Facility Name: _____

Street Address: _____

City	State	Zip Code
------	-------	----------

Phone: _____ Fax: _____

Beginning date of employment: _____

Month	Day	Year
-------	-----	------

Hours per week spent in Audiology? _____

Is applicant completing a CFY? _____ Yes _____ No

Form AS2

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

Verification of Satisfactory Completion of Audiology Clinical Training

I hereby declare that

Name of Applicant

Street Address City State Zip Code

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

I further declare that the applicant was supervised by:

Name of Supervisor

At that time the CFY supervisor held:

- Maryland License in Audiology, License # _____
- ASHA Certification in Audiology, Certificate # _____
- A license in Audiology from State of _____
whose licensure requirements were equivalent to ASHA 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

Typed or Printed Name

Title

Date

Current Phone Number

Form AS3

Privacy Act Statement

T

F

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

E

F

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you 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), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/c_is/identity-history-summary-checks and <https://www.edo.c is.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.c is.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not 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

Updated 11/6/2019

I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.

Print Name

Signature

Date

¹ Written notification includes electronic notification, but excludes oral notification. ² <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) and 906.2(d).



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS, SPEECH-LANGUAGE PATHOLOGISTS, & MUSIC THERAPISTS

Criminal History Records Check- In Maryland

A full Criminal History Records Check (CHRC) is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologist, Hearing Aid Dispensers, Speech-Language Pathologist, and Music Therapists. This includes all initial licenses, transfers from limited to full licensure, all renewal licenses, and reinstatement or reactivation of licenses. Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside in Maryland or reside near Maryland. It is best to obtain fingerprints in Maryland. If it is not convenient to get fingerprinted in Maryland, please follow the procedures in the Out-of-State instructions.

The Department of Public Safety and Correctional Services (DPSCS), Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The CHRC is initiated by the applicant/Licensee being fingerprinted.

The following information is required for CJIS application processing:

CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist License
Type of Check:	Governmental Licensing/Certification

Electronic Fingerprinting

It is best to have your fingerprints taken electronically in the State of Maryland. Electronic Fingerprinting is available at CJIS- approved private providers, most Maryland MVA locations and most local law enforcement offices.

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS via telephone at 410-764-4501, 1-888-795-0011 (toll free), or via their website at:

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

Applicants for Initial Licensure, Reinstatement, or Reactivation

Effective October 1, 2016, all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. **This is a requirement of the application process and cannot be waived for any reason.** An initial license will not be issued unless proof of the CHRC is on file with the Board.

Maryland residents and individuals who reside near Maryland may have fingerprints taken prior to mailing an application to the Board. Applicants must print and use this pre-filled form that is specific to this Board (<https://health.maryland.gov/boardsahs/Documents/audLiveScan.pdf>). **Print this LiveScan Pre-Registration Application and take it to the fingerprinting location in Maryland.**

If you are unable to use this pre-filled form, you must have the CJIS authorization number and FBI ORI# to ensure that the required reports are issued to the Board. Please note that this information is specific to this Board. This information is listed on the first page of this notice and can also be found on the homepage of the Board's website.

After your fingerprints are taken, you will be given a receipt for payment that includes a tracking number; this number is unique to you. Include a copy of the receipt with the tracking number when submitting the initial application to the Board. Hand-write the professional license you are applying for and specify either "full" or "limited" license.

Once the results of the background check are received by the Board, the application process will be completed in accordance with the Board's regulations and policies.

Renewal Applicants

Individuals who obtained a full license before October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license. Additional information has been provided to renewal applicants via e-mail.

General Information

Pursuant to federal law, a CHRC is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc., for which it was completed.

When getting fingerprinted please ensure that the fingerprint operator spells your name correctly and that the correct FBI OIR and CJIS Authorization numbers are used both on your application and inputted electronically into the system. You will have the opportunity to verify your information.

A list of private providers that have electronic fingerprinting services are provided on the State of Maryland's Department of Public Safety & Correctional Services Website. Click below for immediate access to fingerprinting locations in Maryland.

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

You are advised to call ahead to make sure the provider is open and has the October 1, 2016, software update.

Please do not call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board do not have control over the amount of time it may take to complete the check. If you have not received the results of your CHRC after 30 days, please contact CJIS directly at 410-764-4501.

Please refer to §2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologist, & Music Therapists for a full description of the requirements.



LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:					
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: ft. in.	Weight: lbs.	Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Place of Birth:			Citizenship:		
Street Address:					
City:				State:	Zip Code:
Phone Number:		Driver's License Number:		Email Address:	

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- Gold Seal/Adoption (Enter Authorization Number if applicable) _____
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge
- Individual Review
- Attorney/Client (Written Authorization Required)

Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:		
*ORI Number:		
**Position Applied:		



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

***BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS, SPEECH
LANGUAGE PATHOLOGIST, & MUSIC THERAPISTS***

Criminal History Records Check- Out-of-State

A full Criminal History Records Check (CHRC) is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologist, Hearing Aid Dispensers, Speech-Language Pathologist, and Music Therapists. This includes all initial licenses, transfers from limited to full licensure, all renewal licenses, and reinstatement or reactivation of licenses. Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside outside of Maryland, or it is not convenient to come to Maryland to complete the fingerprinting process. please follow the procedures in the Out-of-State instructions.

The Department of Public Safety and Correctional Services (DPSCS), Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The CHRC is initiated by the applicant/Licensee being fingerprinted.

The following information is required for CJIS application processing:

CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist License
Type of Check:	Governmental Licensing/Certification

Electronic Fingerprinting

It is best to have your fingerprints taken electronically in the State of Maryland. Electronic Fingerprinting is available at CJIS- approved private providers, most Maryland MVA locations and most local law enforcement offices. If you are able to complete the fingerprint process in Maryland, follow the procedure in the In-State instructions.

In order to comply with the CHRC requirement and to not delay the issuance of a license, please abide by these instructions. Please note that it may take-up to five (5) weeks for CJIS to issue the required report to the Board.

Out-of-state residents may use a location outside the State of Maryland but must use the CJIS fingerprint card that has preprinted Board-specific information.

To request an Out-of- State Fingerprint card, Contact the Board [Click Here](#). Or visit our website; using the link <https://health.maryland.gov/boardsahs/Pages/forms.aspx>

Applicants for an initial license should request a fingerprint card at least six (6) weeks in advance of the anticipated date that licensure is required. License renewal candidates should request a fingerprint card no later than April 15th to ensure sufficient time to complete the process and complete the online renewal process. These timeframes assumes that an individual mails the fingerprint card to Maryland CJIS within a week of receiving the fingerprint card and having the fingerprints taken.

Once the fingerprint process is complete you must mail the fingerprint card to the following address with a check for \$30.00. Checks are payable to: **CJIS Central Repository**. The address is:

CJIS Central Repository
PO Box 32708
Pikesville, MD 21282-2708

Make a copy of the fingerprinting receipt with the tracking number that was issued to you to the address below. Legibly print your full name and profession on the copy that will be mailed to the Board (included with the application for licensure). Mail a receipt to:

Maryland Board of AHSM
Attn: Background Check
4201 Patterson Ave, 3rd Fl
Baltimore, MD 21215

Initial licensure applicants: Once the results of your background check are received, the application process will be completed in accordance with the Board's regulations and polices

Renewal applicants: once the results of your background check are received, the Board will make the necessary changes to allow access to the online renewal process within 48 hours (notice will be provided via e-mail).

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS via telephone at 410-764-4501, 1-888-795-0011 (toll free), or via their website at:

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

Effective October 1, 2016, all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. **This is a requirement of the application process and cannot be waived for any reason.** An initial license will not be issued unless proof of the CHRC is on file with the Board.

General Information

Pursuant to federal law, a CHRC is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc., for which it was completed.

When getting fingerprinted please ensure that the fingerprint operator spells your name correctly and that the correct FBI OIR and CJIS Authorization numbers are used both on your application and inputted correctly into the system. You will have the opportunity to verify your information.

Please do not call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board do not have control over the amount of time it may take to complete the check. If you have not received the results of your CHRC after 30 days, please contact CJIS directly at 410-764-4501.

Please refer to §2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologist, & Music Therapists for a full description of the requirements.