

**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

Address _____

an applicant for Maryland licensure in audiology, was employed as a professional in that
field from _____ to _____ for _____ hours per week.
(mm/dd/yyyy) (mm/dd/yyyy)

The place of employment was _____
Facility Name

_____ Address City State Zip Code

I further declare that the applicant was supervised by _____
Printed 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 full licensure is sought.

Signature of Supervisor Title

Current Phone Number Date

Form AS3

Revised February 2022