

**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

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 _____

AFFIX SEAL
OF BOARD
HERE

State Board _____ State of _____

Form AS4