

**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
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State Board State of

Form AS4