

Maryland Department of Health  
**Board of Examiners for Audiologists, Hearing Aid Dispensers  
and Speech-Language Pathologists**  
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

Application fee is non-refundable.

**Note:** An applicant must score at least 75 percent to pass the open book law examination. The examination may be downloaded from the Board's web site at <https://health.maryland.gov/boardsahs/>. Use the Forms Link to download and/or print a copy of the AUD law examination. 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. A limited license will **not** be issued unless the law examination is passed.

#### **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 full licensure and the limited licensee has been supervised for the appropriate amount of time. The Form SA3 must be received by the Board no sooner than the required time of supervised practice ends and no later than 60 days prior to expiration of the limited license. The limited license should submit all required documentation in order to be transferred to a full license ,and submit the full license fee to the Board, in order to be approved by the Board to do so.

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**Limited Audiologist Application**

**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. Home 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. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?** If yes, attach full explanation on a separate sheet of paper along with copies of all relevant court documents.

**8. Education**

Graduate School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Date Degree Conferred \_\_\_\_\_

**For Office Use Only**

Received \_\_\_\_\_ CH ( ) MO ( ) Number \_\_\_\_\_

Undergraduate School: \_\_\_\_\_

Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_

Date Degree Awarded \_\_\_\_\_

### **9. Department Chair Letter In Lieu of Official Doctorate Transcript**

This section is to be completed by applicants that are recent graduates that are submitting proof of the education requirements with a letter issued by the Department Chair.

I hereby affirm that I have read Section 2-310.2 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and Code of Maryland Regulations 10.41.03.03A(2)(a) and that I understand a Doctorate degree in audiology is the minimum educational requirement to hold a limited license in audiology. I hereby agree that I am solely responsible for ensuring that the Board receives an official transcript of my Doctorate degree within 60 days of the issuance of the limited license. I hereby affirm that I will be subject to the grounds for discipline, specifically Section 2-314(10) "Commits any unprofessional act in the practice of audiology" if the Board does not receive an official transcript within 60 days of the issuance of a limited license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

### **10. Employment for Clinical Training**

Date: \_\_\_\_\_ Title of Position: \_\_\_\_\_

\_\_\_\_\_  
Facility/Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Brief description of duties

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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..

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_

\*\*\*\*\*

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 \_\_\_\_\_

### **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.



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**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**

## II. Supervisor of Limited Licensure Year (Please Print or Type)

A. Name: \_\_\_\_\_  
Last First Middle/Maiden

B. Street Address: \_\_\_\_\_

City State Zip Code

C. Place of Employment:

Facility Name

Street

City State Zip Code

Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

## III. Clinical and Supervisory Responsibility

Applicant Activity	Hours/Week Spent by Applicant	Hours/Month Spent by Supervisor	
		On-Site Observation (at least 4 hour per month)	Other Monitoring Activities (optional)
1. Assessment, diagnosis and/or evaluations			
2. Screening			
3. Habilitation/ rehabilitation			
4. Staff Meetings			
5. Supervisory Conferences			
6. In-Service Training			
7. Record Keeping			
8. Other (Must Specify)			
<b>Total</b>			

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### Supervisor:

( ) Holds ASHA CCC-SLP, ASHA Certificate # \_\_\_\_\_

( ) Holds Maryland License in Audiology, License # \_\_\_\_\_

( ) Holds License in Audiology in State of \_\_\_\_\_

**Form AS2**

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**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**