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 http://dhmh.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 an 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 does not need to submit another application nor does the limited licensee need to send any fees provided the limited license is still valid and unexpired.
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 #: __________________________ Alternative #: __________________________

   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 ______________________

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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 ï must work a minimum of 12 months
- 21-24 hours per week ï must work a minimum of 15 months
- 17-20 hours per week ï must work a minimum of 18 months
- 14-16 hours per week ï 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.
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

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

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
Verification of Satisfactory Completion of Audiology Clinical Training

I hereby declare that

______________________________________________________________

Name of Applicant

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Typed or Printed Name</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Current Phone Number</th>
</tr>
</thead>
</table>

Form AS3