

## Audiology – Full License Application Checklist & Application

### PLEASE NOTE:

**While we will accept electronic documents sent in the form of a scanned pdf (phone screenshots are not acceptable) to help expedite the licensing process, we will NOT accept ANY documents without original signatures and notarizations. Documents without original signatures and/or notarizations will be considered incomplete and the application will not be approved. Original documents of any electronic pdf submissions, must ALSO be sent to the Board office within 30 days of the issuance of a license. Please upload your application with supporting documents using the online application. If you have any questions please email [monicah.wright@maryland.gov](mailto:monicah.wright@maryland.gov).**

### **I. All applications require the following items be received at the Board office, *in addition to the items in either section II or III*, before the application is complete and ready for Board approval:**

- \_\_\_ \$150.00 Fee (check or money order payable to the Board of AUD)
- \_\_\_ A recent 2x2 passport size photo
- \_\_\_ Signed and Notarized Application
- \_\_\_ Criminal History Records Check (must be received by CJIS before a license can be issued)
- \_\_\_ Completed Law and Regulation Examination (requires a passing score of 75% or greater)

### **II. Additional documents to be submitted:**

#### **If Applicant Currently Holds ASHA-Issued Certificate of Clinical Competency or AAA Fellowship:**

- \_\_\_ Primary Source Verification Letter from ASHA confirming current with CCC-A
- \_\_\_ Brief Resume (if applicant has been practicing more than 5 years)
- \_\_\_ License affidavit from **all** states in which the applicant is currently licensed or has ever been licensed.

#### **If Applicant Does Not Hold ASHA-Issued Certificate of Clinical Competency or AAA-Issued Fellowship (FAAA):**

- \_\_\_ Official Transcript of Master's or Doctorate Degree in Audiology
- \_\_\_ Praxis Exam Scores (successfully completed within the past years)
- \_\_\_ Clinical Fellowship Year Plan (Form AS2)
- \_\_\_ Clinical Fellowship Year Verification (Form AS3)

**III. Applicants who currently hold an active Maryland Limited License in Audiology ONLY need to Submit the Following once they have successfully completed the Praxis examination (a new Audiology application is NOT needed):**

\_\_\_\_\_ \$150 Fee (check or money order payable to the Board of AUD, **AND**,

\_\_\_\_\_ **EITHER of the following two options:**

**Option A** - Passing score on the Praxis examination sent directly to the Board by ETS.

**Option B** – Primary Source Verification of holding the CCC-AAA sent directly to the Board from the American-Speech-Language-Hearing Association (ASHA) **OR** verification from the American Academy of Audiology confirming you as a Fellow of AAA.

**Note: Law and Regulations Examination**

To pass the open book examination, all applicants must score at least 75. You can download the examination from the Board’s web site at <https://health.maryland.gov/boardsahs/>.

Use the Forms Link to download and print a copy of the law examination. To complete the examination, refer to the law and regulation reference number included with the question. Use the “Laws (Statutes) & Regulations” link on the Board’s web site (left side of the landing page) to access the laws and regulations to answer the questions. Once in the “Laws and Regulations” section, the Laws are accessible through the link at the top of the page and the regulations (COMAR) are accessible through the link at the bottom of the page. A license will **not** be issued unless the Law and Regulation Examination is passed.

**Note: Criminal History Records Check**

Effective October 1, 2016 an applicant for initial licensure must submit evidence to the Board of an application for a criminal history records check (CHRC).

Information and forms regarding the required CHRC is on the Board’s Forms page (click on Forms in the Quick Links section). The in state (Maryland) pre-filled LiveScan Pre-Registration form is attached to this application to be printed and taken with you to have your fingerprints taken. This form contains our Board-specific codes and is the **ONLY** form that can be used to satisfy this requirement.

In-state applicants and out-of-state applicants near Maryland may go to an authorized fingerprinting location in Maryland. The CHRC resources page on the Board’s website provides a link to the Department of Public Safety & Correctional Services’ list of authorized fingerprinting locations.

An application for licensure will not be processed until the application is complete, including submitting evidence of a criminal history records fingerprint receipt.

Out-of-state applicants must contact the Board's Office Secretary, Ms. Monica Wright, to provide the name and address of where to send the fingerprint card. Applicants may call 410-764-4725 or email [monicah.wright@maryland.gov](mailto:monicah.wright@maryland.gov), to request and provide their information. Official out-of-state fingerprint cards may be mailed directly to the applicant before submission of an application for licensure to this Board.

Please note that the CHRC requirement is in addition to answering the disciplinary questions in the application and a license cannot be issued until the CHRC requirement has been satisfied.

### **TOEFL Scores**

English as a Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of 80% within the previous two years from the date of the application. A copy of you exam scores must be submitted with your application.

### **Continuing Education Requirement Notice**

Continuing education is a requirement to renew a license. Continuing is prorated for most new licensees depending on the issuance date of the full license. Information regarding the amount of continuing education required to renew the license is issued to new licensees and can be found on our website under the "Continuing Education" link.

The continuing education requirement for renewing an audiology license is 30.0 hours (clock hours) or 3.0 CEUs, completed during the two calendar years preceding the expiration date of the license. For example, a license expiring on May 31<sup>st</sup>, 2020, requires that 30 hours or 3.0 CEUs be completed between 6/1/2018-5/31/2020, for the June 1, 2020 renewal.

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 – Maryland Relay Service 1-800-735-2258

**Application for Full License in Audiology**

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.

**Please Read The Application Checklist Before Completing Application Below:**

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

Other Names: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Social Security # \_\_\_\_\_

4. Residence: \_\_\_\_\_  
Street Apt. #



\_\_\_\_\_ City State Zip Code

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

What is your first language? English Other \_\_\_\_\_

5. Professional Address: \_\_\_\_\_  
Facility or Company's Name

\_\_\_\_\_ Street Suite #

\_\_\_\_\_ City State Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Anticipated Date of Employment \_\_\_\_\_

---

**For Office Use Only**

Received \_\_\_\_\_ CK ( ) MO ( ) Number \_\_\_\_\_

7. Have you previously been licensed in the State of Maryland? \_\_\_\_\_

If yes, License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

8. Have applicant ever been convicted of a felony or a misdemeanor involving moral turpitude? \_\_\_  \_\_\_ No \_\_\_  \_\_\_ Yes

**If "Yes" attach full details with copies of all relevant court documents.**

9. Education and Employment

A. Education

School	Location	Attended From – To	Credit Hours	Major	Degree & Date
--------	----------	-----------------------	-----------------	-------	------------------

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

Graduate: (If Master's is highest degree complete. Otherwise mark NA for "Graduate.") \_\_\_\_\_

Au.D: (Complete if highest degree is Au.D., otherwise mark NA for "Au.D.") \_\_\_\_\_

Note: If applicant does not hold AAA fellowship or ASHA certification, a certified official transcript showing credit hours of special study in the area for which license is desired, documentary evidence of education, and other supporting data must accompany application.

B. Applicant is a fellow of the American Academy of Audiology?  Yes  No

Date Originally Granted \_\_\_\_\_ Expiration Date \_\_\_\_\_

C. Applicant holds the American Speech-Language-Hearing Association Certificate of Clinical Competence in Audiology?  Yes  No

Date Originally Granted \_\_\_\_\_ Expiration Date \_\_\_\_\_

(1) Clinical training of 1,000 direct on-site supervised hours completed?

Yes  No

(2) National Examination in Audiology Passed?

Yes  No

If answer to C.(1) is "No", applicant must enclose a summary of professional experience including on site direct supervision hours, facility, supervisor, address and telephone numbers.

**Note: Applicants that are either a Fellow of AAA or hold CCC-A certification from ASHA may proceed to item #11 AND must submit a verification letter from the issuing agency showing date obtained and expiration, in order for the application to be complete.**

D. Employment during clinical training (Clinical Fellowship Year for Master's degree or Clinical Externship Year for Au.D.). Provide the employer, employer's address, dates of employment, and brief description of duties and responsibilities during clinical training,

**10. Supervision of Clinical Training - A. and B. below to be completed only if applicant is already licensed in another state with a Master's degree as the highest degree obtained AND applicant does not submit evidence of the ASHA CCC-A and/or AAA Fellowship.**

A. Submit **Verification of Supervision for Limited Licensure/Clinical Training (AS2)** or copy of ASHA Clinical Training Report.

B. Submit **Verification of Satisfactory Completion of Clinical Training (AS3)**.

11. Are you now or have you ever been licensed in any other state? Yes  No

If "yes", applicant must complete the first part of the attached Licensure Affidavit, AS4. The remainder of the Licensure Affidavit must be completed by the licensure board and the completed form must be returned to the Maryland Board of Examiners.

Currently licensed in the following states: \_\_\_\_\_

Previously licensed in the following states: \_\_\_\_\_

Has any disciplinary action ever been taken against any license you have held in any other jurisdiction?

No  Yes  **If yes, please attach full explanation (typed).**

12. Notary Attestation

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  Other \_\_\_\_\_

### 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 Full



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/Maryland Relay Service 1-800-735-2258

**Verification of Supervision for  
Audiology Limited License Clinical Training**

1. Applicant (Please Type or Print)

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

B. Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

C. Academic Status: \_\_\_\_\_  
University Degree Date Conferred

D. Employment Setting:

1. Facility Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street Suite #

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Beginning Date of Employment: \_\_\_\_\_  
Month Day Year

4. How many hours per week spent in Audiology? \_\_\_\_\_

5. Are you completing a clinical training?  Yes  No

**Form AS2**

December 2020

**I. Supervisor(s) of Clinical Training (please type or print)**

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

B. Address: \_\_\_\_\_  
Street Apt. #  
City State Zip Code

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

C. Place of Employment: \_\_\_\_\_  
Facility Name

\_\_\_\_\_ Street Suite #

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**II. Clinical and Supervisory Responsibility**

Applicant Activity	Hours/Week Spent by Applicant	Hours/Month Spent by Applicant	
		On-Site Observation	Other Monitoring Activities
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-AUD  
 Holds MD License in Audiology

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

**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/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**

December 2020

**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/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 \_\_\_\_\_

State Board \_\_\_\_\_ State of \_\_\_\_\_

AFFIX SEAL  
OF BOARD  
HERE

**Form AS4**

December 2020

## AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:   ft.    inches		Weight:       lbs.		Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:			Citizenship:		
Current address:					
City:			State:		ZIP Code:       -
Daytime Phone:		Evening Phone:		Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 1600003672	
ORI # (if required): MD920528Z	Reason fingerprinted? Licensing
Position Applied for: Board of AUD HAD and SLP	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: Do Not Mail This Form To The Board

---

Address: Do Not Mail This Form To The Board

---

City, State, Zip code: Do Not Mail This Form To The Board

---