



Application Checklist for Audiology *Licensed in Another State* *(US Graduates)*

If you need assistance, please email the Board at speechandhearing@dca.ca.gov

Items 1-4 are required for issuance of the temporary license.

1. Application

- Please remember to submit a 2x2 passport quality photograph.

2. License Fees

- Please submit a check or money to the Board, made payable to SLPAHADB:
 - Temporary License only.....\$30
 - Full Licensure only.....\$60
 - Temporary & Full Licensure.....\$90

3. Letters of Good Standing

- Originals Letters of Good Standing must be provided from each state you hold a current license.

4. Fingerprints – Clearances must be received prior to issuance

- California applicants are required to use Live Scan fingerprinting; please submit a copy of the completed form to the Board. Processing fees are paid directly to the Live Scan operator.
- Out-of-State applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee). Please make check or money order payable to SLPAHADB. You may request fingerprint cards be mailed to you via email at speechandhearing@dca.ca.gov
 - For Out-of-State Applicants: one (1) check or money order for the applicable fees may be submitted:
 - Temporary License + Fingerprint Processing..... \$79
 - Full License + Fingerprint Processing.....\$109
 - Temporary/Full License + Fingerprint Processing....\$139

Items 5-7 must be submitted within 60 days of issuance of your temporary license.

5. Transcript – Graduate Program only

- Mailed directly to the Board from the university. The Board does not accept transcripts electronically.
- Photocopy of Doctorate Degree or Letter of Completion from university (if not posted on transcripts).

6. National Exam Score

- Effective 01/01/2013 minimum passing score of 170 - AU
- Must be within five years.
- Must be sent electronically from Praxis to our Board.



APPLICATION FOR LICENSURE AUDIOLOGY LICENSED IN ANOTHER STATE \$60.00 (Temporary License – Additional \$30)

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. Make check payable to: SLPAHADB

PLEASE TYPE OR PRINT

1. FULL NAME:	LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. ADDRESS:	STREET	CITY	STATE ZIP
4. RESIDENCE TELEPHONE:		BUSINESS TELEPHONE:	
5. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN)		6. DATE OF BIRTH: (MM/DD/YYYY)	
7. EMAIL ADDRESS:			
8. ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide evidence that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty orders and; 2) hold a current license in another state, district, or territory of the United States in audiology			
9. ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.			
10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW. Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/> <ul style="list-style-type: none"> • You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; • You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or, • You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government. If you selected yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.			

**ATTACH 2" X 2"
 PASSPORT QUALITY
 PHOTOGRAPH**
 (must be an actual photograph,
 not a paper copy)

Photographs must be taken within 60
 days of the filing date of this application.

Print your full name on the back
 of the photograph.

11. LIST GRADUATE AND UNDERGRADUATE PROGRAMS:				
INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED
12. EDUCATION:				
Master's Degree <input type="checkbox"/> Master's Degree Equivalency <input type="checkbox"/> Au.D. Degree or Au.D. Student <input type="checkbox"/>				
13. EMPLOYER:				
EMPLOYER'S ADDRESS:				

	YES	NO
14. Have you taken the Educational Testing Service (ETS)/National Teacher Examination (NTE) (The Praxis Series) in Audiology within the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
15. In what state was your supervised professional experience or Clinical Fellowship Year? State: _____ Year _____ <i>If it was completed in California after June 30, 2003, please complete and submit the Required Professional Verification form.</i>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been licensed to practice Speech-Language Pathology, Audiology, or Hearing Aid Dispensing in any other state or country? If yes, list state(s) and/or country: _____	<input type="checkbox"/>	<input type="checkbox"/>
17. <i>Audiology Applicants Only</i> , do you wish to dispense hearing aids? If yes, please also complete the <i>Hearing Aid Dispenser Written License Examination Application.</i>	<input type="checkbox"/>	<input type="checkbox"/>

A YES answer to any of the questions below (17 through 20), requires you to complete and submit the Discipline Reporting Form.

	YES	NO
18. Have you ever been the subject of a disciplinary action or have any <i>pending</i> disciplinary action taken or charges filed against any speech-language pathology, audiology, hearing aid dispensing, or other healing arts license? Include any disciplinary action taken by any other State or Federal Government Entity? <i>This includes but is not limited to suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had any pending investigations by any State or Federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts, in any state or country?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country?	<input type="checkbox"/>	<input type="checkbox"/>

You must report to the Board the result of any actions which have been filed or are pending against any audiology license you hold at the time of filing this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business and Professions Code.

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Applicant's Signature

Date

Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if your tax obligation is not paid.



AUDIOLOGY REQUIRED PROFESSIONAL EXPERIENCE CLINICAL PRACTICUM/UNIVERSITY RECOMMENDATION

Instructions:

- Any corrections to this form must be crossed out and initialed.
- This form must be completed and submitted directly to the Board with the completed application for the Required Professional Experience (RPE) Temporary License.
- This form is for use only by current graduate students who are/have:
 - from an approved California training program;
 - enrolled in their final semester of study in Speech-Language Pathology;
 - being recommended by their university for the RPE temporary license;
 - secured employment and have identified their RPE supervisor.

APPLICANT INFORMATION:

1. Name Last	First	Middle Initial
2. Social Security Number:	3. Official Graduation Date:	4. Date Of Birth: (MM/DD/YY)

UNIVERSITY & TRAINING PROGRAM DIRECTOR INFORMATION:

4. COLLEGE OR UNIVERSITY:
5. PROGRAM DIRECTOR NAME:

VERIFICATION OF CLINICAL PRACTICUM:

	YES	NO
7. The applicant has completed a minimum of 300 clock hours of supervised clinical experience in direct client/patient contact.	<input type="checkbox"/>	<input type="checkbox"/>
8. The applicant has completed the hours while engaged in graduate study.	<input type="checkbox"/>	<input type="checkbox"/>
9. The applicant has gained knowledge & experience with individuals from culturally/linguistically diverse backgrounds and with clients/patients of all ages.	<input type="checkbox"/>	<input type="checkbox"/>
10. The applicant has been supervised by individual(s) who hold current/valid licensure in audiology.	<input type="checkbox"/>	<input type="checkbox"/>
11. The amount of supervision was appropriate to the student's level of knowledge, experience and competence, and was sufficient to ensure the welfare of the clients.	<input type="checkbox"/>	<input type="checkbox"/>
12. The applicant has completed a graduate program in Audiology at an approved California or ASHA university training program.	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all academic and practicum information listed on this form was completed according to the State of California or ASHA licensure requirements.

 SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR

 DATE



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0437

ORI (Code assigned by DOJ)

Audiologist

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Agency Authorized to Receive Criminal Record Information

1601 Response Road, Suite 260

Street Address or P.O. Box

Sacramento

City

CA

State

95815

ZIP Code

License

Authorized Applicant Type

06187

Mail Code (five-digit code assigned by DOJ)

N/A

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex Male Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First Name

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

Applicant Must Pay At Site

(Other Identification Number)

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: 7700 SLP/AU

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Not Applicable

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not 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.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

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

³ See 28 CFR 50.12(b)

⁴ See 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)