



## STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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## ASSISTANT IN AUDIOLOGY APPLICATION FORM

**Step 1:** All new applicants will be required to submit fingerprints to the Texas Department of Public Safety (DPS). Go to <http://www.dshs.state.tx.us/speech/> and select the DPS/FBI Fingerprinting tab. Please follow the instructions on the form.

In state applicants: Once you have completed the fingerprint process; please attach a COPY of your FAST fingerprint form/receipt.

Out of state applicants will not have a receipt. You do not submit proof of fingerprints if you choose the out of state process.

**Step 2:** Please print and complete the application form completely or you can apply online at <http://www.dshs.state.tx.us/speech/>

**Step 3:** Please submit the completed application and fee of \$163.00 with the required documentation listed below.

**Step 4:** Please complete the Texas Jurisprudence Exam; link is <http://www.dshs.state.tx.us/speech/> attach a copy of the certificate. This is a no fail exam over the board's rules and law. Please complete the audiology exam.

**Step 5:** Submit your original transcript(s) showing a baccalaureate degree has been conferred and required audiology course work. The transcript cannot be faxed. Electronic university transcript(s) will be accepted if emailed to [speech@dshs.state.tx.us](mailto:speech@dshs.state.tx.us) from the university's secure site. We do not accept electronic transcripts from the applicant.

**Step 6:** Please attach the *Clinical Observation and Experience for Audiology Form*, completed and signed by university program director. The form is located [www.dshs.state.tx.us/speech/](http://www.dshs.state.tx.us/speech/) under applications/forms.

**Step 7:** If your Clinical Observation and Experience form shows that you **have not met the required** 25 clinical observation hours and/or 25 clinical experience hours from the university, you must include a *Clinical Deficiency Plan for An Assistant in Audiology (AU) Form*. This must be approved and your license be approved before you can begin the hours you are lacking. Special requirements apply. Be sure to read carefully Title 22 Texas Administrative Code (TAC), §741.84 (f) to be sure you understand. The approved *Clinical Deficiency for An Assistant in Audiology (AU) Plan* will be emailed to your approved supervisor once it is approved by the board office.

**Step 8:** Please attach the *Supervisory Responsibility Statement (SRS) for An Assistant in Audiology (AU) Form*

The processing time frame for licensure starts once the application has been received in the speech/audiology office. Please allow 2 to 4 weeks for processing.

Applicant's Full Legal Name: (First, Middle, Last):

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Name(s) on Transcript(s) if different:

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Date of Birth:

Social Security Number:

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Mailing Address:

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City/State/Zip:

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Home Phone Number:

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E-mail Address:

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1. CURRENT EMPLOYMENT INFORMATION – if you are employed at the time of application; if not please put NA.

Name of employer, agency or practice:

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Mailing Address:

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City/State/Zip:

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Phone Number:

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Fax Number::

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E-mail Address:

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2. Do you possess any other professional license(s) or certificate(s) issued by any state?  Yes  No If yes, give license or certificate number(s), title(s), and states issuing license(s) or certificates(s):

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3. Have you been denied a professional license and/or certificate in Texas and/or other state or country, or have you ever had any license and/or certificate revoked, canceled, received probated suspension or suspended?  Yes  No If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license or certificate and the reason: (please attach documents)

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4. Have you ever voluntarily surrendered any professional license or certificate?  Yes  No If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license certificate and the reasons:

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5. Have you completed the fingerprint process for state licensure?  Yes  No If yes please attach a copy of the Fast Pass receipt. You **do not** submit proof of fingerprints if you choose the out of state process.

6. Have you ever been convicted, plead guilty to, plead nolo contendere or received deferred adjudication to any misdemeanor or felony, other than a minor traffic violation?  Yes  No (Please note that Driving While Intoxicated is not a minor traffic violation.)

7. **ACADEMIC TRAINING** (List all colleges/universities attended and attach additional pages if necessary)

Name & Location of School	Inclusive Dates		Degree Granted (field of study)	Date Degree Granted (mm/dd/yy)
	From (mm/yy)	To (mm/yy)		

With my signature on this application for licensure with the State Board of Examiners for Speech-Language Pathology and Audiology, I certify that:

- I have read the Speech-Language Pathology and Audiology licensing Law and Rules of the Board. I agree to abide by the State Law and all current and subsequent Law and Rules of the Board.
- All information provided on this application is truthful. I understand that giving false information of any kind may result in denial of licensure.
- I understand that the fee submitted with this application is non-refundable.
- I agree to hold the State Board of Examiners for Speech-Language Pathology and Audiology, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, and/or failure of the Board to issue me a license.
- I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.
- I understand that the name, license number, and mailing address of all holders of a Texas-issued professional license are subject to the Texas Public Information Act. This information will be provided in response to information requests for licensee lists from organizations and individuals. This information will also be provided on the Board's website.
- I understand that the disclosure of a social security number by an applicant is mandatory under the Rules of the Board, 22 TAC, §741.112 and Family Code, §231.302. Social security numbers will be used for identification purposes.
- I understand that I must submit fingerprints to the Texas Department of Public Safety (DPS).
- I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the Board.

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Applicant's Signature

\_\_\_\_\_  
Date

The processing time frame for licensure starts once the application has been received in the speech/audiology office. Please allow 2 to 4 weeks for processing.

**To expedite the application process, submit application & fee with ALL supporting documents use the U.S. Post Office Express Mail and mail to:**  
Texas Department of State Health Services  
Speech-Language Pathology and Audiology Program  
Mail Code: MC 2003  
PO Box 149347  
Austin, Texas 78714-9347

**If you need to submit additional documentation after the application and fee have been submitted, please mail to:**  
Texas Department of State Health Services  
Speech-Language Pathology and Audiology Program  
Mail Code: MC1982  
PO Box 149347  
Austin, Texas 78714-9347

You can apply online at [www.dshs.state.tx.us/speech/](http://www.dshs.state.tx.us/speech/)