



STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mail Code: MC1982 • PO Box 149347 • Austin, Texas 78714-9347

Phone: (512) 834-6627 • Fax: (512) 834-6677

E-mail: speech@dshs.state.tx.us

www.dshs.state.tx.us/speech

The State Board of Examiners for Speech-Language Pathology and Audiology (Board) has adopted a rule pursuant to Senate Bill 312, which was passed during the Regular Session of the 83rd Texas Legislature and signed into law by the Governor. Section 10 states that the Board may by rule establish a procedure to issue an audiologist license to a person who submits an application *before* September 1, 2014, and who: 1) has a master's degree in audiology; and 2) was licensed as an audiologist in this state between September 1, 2007, and September 1, 2011, and 3) whose license has expired related to a failure to renew the license timely.

The adopted rule states:

Title 22 Texas Administrative Code §741.81 – Requirements for an Audiology License

(f) An individual who was licensed as an audiologist in this state between September 1, 2007 and September 1, 2011, and who files an application for a license in audiology before September 1, 2014, may renew the lapsed license if the individual meets the following conditions:

- (1) has a master's degree in audiology;*
- (2) has completed approved continuing education in an amount equal to the number of hours that would have been required had the license not lapsed;*
- (3) has completed the jurisprudence examination;*
- (4) has completed and cleared the Board-required fingerprinting and criminal history background check; and*
- (5) has paid the appropriate current renewal fee and late fee.*

Because the statute requires these provisions for certain applications be submitted before September 1, 2014, a special application form has been made available to individuals who meet the requirements of Section 10 of Senate Bill 312. Applications for licensure are valid for one year from the date of application. Approval and issuance of the license are contingent upon satisfaction of all other current requirements for licensure except those identified above.

Should you need further assistance, please feel free to contact the board office at (512) 834-6627.

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E-mail: speech@dshs.state.tx.uswww.dshs.state.tx.us/speech**SPECIAL AUDIOLOGY LICENSE APPLICATION FORM****(FOR APPLICANTS THAT QUALIFY UNDER SECTION 10, SENATE BILL 312, 83RD LEGISLATIVE SESSION)**

Step 1: All applicants are required to submit fingerprints to the Texas Department of Public Safety (DPS). Please visit the board website at http://www.dshs.state.tx.us/speech/dps_fbi and download the appropriate FAST fingerprint pass form. Please follow the instructions on the form. Please attach a COPY of your FAST fingerprint form/receipt.

Step 2: Please complete the Texas Jurisprudence Exam. The exam can be completed online at http://www.dshs.state.tx.us/speech/sp_jurisprudence.shtm . Please attach a copy of the certificate. This is a no fail exam over the board's rules and law.

Step 3: Please submit this completed special application and fee of \$327.00 payable to DSHS/Speech-Audiology Licensing Program with the required documentation listed below. Please note that you cannot use the online application process for this special application.

Step 4: Submit your original transcript(s) showing that a master's degree has been conferred and all required audiology course work. The transcript cannot be faxed. Electronic university transcript(s) will be accepted if e-mailed to speech@dshs.state.tx.us from the university's secure site. We do not accept electronic transcripts from the applicant.

Step 5: Submit copies of the continuing education hours completed. Please note that you must complete the number of continuing education hours in the amount that would have been required had the license not lapsed.

Applicant's Full Legal Name: (First, Middle, Last):
_____Previous Texas Audiology License Number:
_____Name(s) on Transcript(s) if different:

Date of Birth:

Social Security Number:
_____Mailing Address:
_____City/State/Zip:
_____Home Phone Number:
_____E-mail Address:
_____**CURRENT EMPLOYMENT INFORMATION** – if you are employed at the time of application; if not please put NA.Name of employer, agency or practice:
_____Mailing Address:
_____City/State/Zip:
_____Phone Number:
_____Fax Number:
_____E-mail Address:

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 will 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 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.**

Applicant's Signature

Date

Please submit this application, the fee, and ALL supporting documents via U.S. Postal Service 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: MC-1982
PO Box 149347
Austin, Texas 78714-9347