

For Board Use Only - - Audiologist Application

Date Application received _____ Application Fee \$ _____ CK# _____

\$ _____ CK# _____

Date Provisional License issued _____ Provisional License Number _____

Date Permanent License issued _____ Permanent License Number _____

Child Support Data Bank Date Checked _____

BOARD OF HEARING AID DISPENSERS AND AUDIOLOGIST

810 North Main #298

Spearfish, SD 57783

(605) 642-1600

APPLICATION FOR LICENSE TO PRACTICE AUDIOLOGY

Applicant's Name: _____
(Last) (First) (Initial) (Maiden)

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Home Telephone: (_____) _____ Gender (Optional): M _____ F _____

Date of Birth: _____ Social Security Number: _____

Business Name: _____
(Firm Name) (Telephone Number)

(Street and P.O. Box if any) (City) (State) (Zip)
list both street and P.O. Box

Employing Facility: _____
(Firm Name) (City) (State)

I am employed: Full Time _____ Part Time _____

Type of license requested: _____ Permanent Audiology (\$200.00 fee)

_____ Provisional Audiology (\$100.00 fee)

Have you ever been licensed in another state? _____ Which State(s) _____

Please complete and forward a verification of out of state licensure form to the out of state board to be returned directly by their office to the South Dakota Board of Hearing Aid Dispensers and Audiologists board.

EDUCATION

Do you have ASHA certification? _____ Yes _____ No

If yes, please have ASHA send the Board office proof of certification.

If no, please supply verification of your one year supervised practicum on the PRACTICUM VERIFICATION FORM or if you are in the ASHA certification process, please list clinical practicum site and name of supervisor.

(Site)	Supervisor's Name
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If applying for a provisional Audiologist license you must include a plan for the content of the postgraduate professional experience. You may wish to review the ASHA or AAA website, www.asha.org or www.audiology.org for information on developing a plan.

Only complete the college information necessary for your masters level degree. Please have official college transcripts sent directly to the Board of Hearing Aid Dispensers and Audiologist by the registrar of the college/university.

Name and Location of Accredited College	Date of Attendance From To	Degree and Date Granted

EMPLOYMENT RECORD FOR LAST 5 YEARS

Employer Name and Address	Date of Employment	Your Position	Supervisor's Name

PERSONAL REFERENCES

Name	Street Address	City & State	Zip
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MISCELLANEOUS

1. Have you ever been convicted of a crime other than misdemeanor traffic offenses? Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in that case.

2. To your knowledge, has a complaint ever been filed against you, or a company owned by you, with the ASHA Board of Ethics, AAA Board of Ethics, the Federal Trade Commissioner or any other state licensure board? Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in that case.

3. Has any state rejected your application or revoked your professional license or certificate?
 Yes No If yes, give complete details on a separate sheet.

4. SDCL 25-A-56 prohibits the issuance of a license of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support?
 Yes No

By applying for licensure to the South Dakota Board of Hearing Aid Dispensers and Audiologist, I:

*Authorize Board representatives to consult with others who have been associated with me and/or who may have information bearing on my competence and qualifications.

*Consent to Board representatives' inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status and of my professional and ethical qualifications.

*Release from any liability all Board representatives for their acts performed in good faith and without malice in connection with evaluation of me and my credentials.

*Release from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the South Dakota Board of Hearing Aid Dispensers and Audiologists in good faith, and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.

*I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Applicant's Signature

Print Name as it is to appear on license

Date

AFFIDAVIT

State of _____ SS

County of _____

The applicant _____, being duly sworn, declares all statements made in this application are true and correct to the best of his or her knowledge. Furthermore the applicant consents to a thorough investigation of present and past employment and other activities for the purpose of verifying qualifications for the license for which this application is made.

Subscribed and sworn to before me this _____ day of _____, _____

My commission expires _____

Notary Public

The Board of Hearing Aid Dispensers and Audiologists does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

Guideline/Checklist before returning application:

Every licensee is required to comply with the laws of the State of South Dakota and the Rules and Regulations adopted by the board. A copy of the Laws and Rules and Regulations is included with your application packet.

1. Applications for licensure must be signed and notarized.
2. Applications for licensure must be accompanied by payment of fees made payable to the "State of South Dakota Board of Hearing Aid Dispensers and Audiologist." Fees are non-refundable. No applications will be processed without submission of all fees. A personal check or money order are acceptable.
3. Return completed application to the board office.
4. Failure to provide all the information on the Application Form will result in delay of processing your application.
5. All documents submitted in support for the application must contain an original signature and be submitted directly to the board from the respondent, not forwarded through the applicant.
6. All applications for a provisional license must be accompanied by a supervisor's affidavit.
7. Only the applicants who have held a hearing aid dispenser or audiology license in another state, must complete the Verification of Licensure in Other State Form.
8. You may access the board website at www.doh.sd.gov/boards/audiology