South Dakota Board of Hearing Aid Dispensers and Audiologists
810 North Main #298
Spearfish, SD 57783

Please Print or Type

VERIFICATION OF COMPLETED SUPERVISED PRACTICUM
WHEN ASHA CERTIFICATION HAS NOT BEEN OBTAINED

Applicant's Name:_____
Last First Middle

TO BE COMPLETED BY SUPERVISING AUDIOLOGIST

The above-named individual has applied for licensure as an audiologist in the State of South Dakota. South Dakota licensing law requires verification of completion of a supervised graduate professional experience in audiology supervised by a licensed or certified audiologist. You are being asked to certify the experience of this applicant. Attesting to this applicant's experience is a vital element of the licensing process. Any misstatements by a licensed audiologist is completing this form may constitute unethical or unprofessional conduct.

Please return the completed form directly to the Board Office. The application for licensure cannot be processed until this completed form is received by the Board.

1. Name, address and phone number of agency where experience was obtained:_____
_____
_____
_____

2. Name address and phone number of audiologist responsible for supervising the applicant's experience: _
_____
_____
_____
State where supervisor licensed:_____
Supervisor's License #_____Date issued:_____Current Y/N

3. Inclusive dates of applicant's experience:
Starting date_____Completion date_____

4. Applicant's title during experience:_____

5. Applicant's position during experience:_____

6. Applicant worked full time_____or part-time_____
(hours/week) (hours/week)

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.

_____ _____
Signature of supervising audiologist Date

_____
Please Print Name