VERIFICATION OF SUPERVISED GRADUATE PROFESSIONAL EXPERIENCE

SOUTH DAKOTA BOARD OF HEARING AID DISPENSERS & AUDIOLOGISTS
810 North Main #298
Spearfish, SD 57783
(605) 642-1600

THIS FORM APPLIES TO APPLICANTS WITH A MASTER'S DEGREE IN AUDIOLOGY (PRIOR TO AUGUST 30, 2007) ONLY

Please Type or Print in Blue or Black Ink

Applicant's Name: _____
(Last) (First) (M.I.)

TO BE COMPLETED BY SUPERVISING AUDIOLOGIST

The above-named individual has applied for licensure as an Audiologist in the State of South Dakota. Pursuant to SDCL 36-24-17.3, an applicant for an audiologist license who completed training prior to August 30, 2007, and who possesses a master's degree in audiology, **is exempt** from possessing a doctorate degree in audiology from a regionally accredited education institution and completing a supervised clinical practicum experience from a regionally accredited education institution or its cooperating programs **upon proof of a completion of a period of supervised graduate professional experience in audiology recognized by the American Speech-Language Hearing Association or the American Academy of Audiology**. You are being asked to verify the applicant's period of supervised graduate professional experience.

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:
   _____
   _____
   _____

3. State where Supervisor is licensed: _____
   Supervisor License #:_____
   Date License Originally Issued: _____
   Expiration Date of License: _____
   Is the License Current: Yes ☐ No ☐

4. Inclusive dates of applicant's experience:
   Starting date: _____ to Completion Date:_____

5. Applicant's job title during experience:_____

(Over)

6. Applicant worked: Full-Time ☐ Part-Time ☐

7. The Applicant averaged _____
(Hours/week)

8. Did the applicant receive any disciplinary action while employed? If yes, please explain. Attach a separate sheet if necessary.

_____
_____
_____
_____
_____

9. Did the applicant successfully complete 9-months, full-time, supervised graduate professional experience in audiology **recognized by ASHA or AAA** under your supervision?

Yes ☐ No ☐

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

_____
Printed Name of Supervisor

_____
Signature of Supervisor

_____
Date (mm/dd/yyyy)

The supervisor _____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person attesting to the information in section 2 of this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this _____day of _____,

My commission expires

_____ (SEAL)
Signature of Notary Public