

**VIRGINIA BOARD OF
AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY**

Perimeter Center - 9960 Mayland Drive, Suite 300 - Henrico, Virginia 23233-1463

website: www.dhp.virginia.gov

e-mail: AudBD@dhp.virginia.gov

(804) 367-4630

Confirmation of receipt of the licensure application and any missing items is forwarded via e-mail notification. Upon receipt of all required documentation, a licensure permit is issued with notification of licensure via e-mail.

AUDIOLOGY ENDORSEMENT APPLICATION CHECKLIST

Please review the following checklist/instructions to ensure that your application is complete prior to submission for review (reference 18VAC30-20-185 of the regulations).

You may qualify for licensure by endorsement one of three ways; follow the instructions for the option that best suits your credentials.

All applicants must provide:

- A complete endorsement license application and submit with the \$135.00 application fee, check or money order made payable to the Treasurer of Virginia. ALL FEES ARE NON-REFUNDABLE
- Submit documentation of 15 continuing competency hours for each year in which you have been licensed in the other jurisdiction, not to exceed 60. The Continuing Competency Activity Assessment Form is required and can be downloaded by selecting the web address listed below. <http://www.dhp.virginia.gov/forms/aslp/Continuing%20Competency%20Activity%20and%20Assesment.doc>
- Written verification directly to the Board office from the issuing regulatory authority of any state licenses you have ever held, to include current, inactive, and expired licenses. Contact each jurisdiction/state regarding processing fees. NO COPIES OR FAXES.

(Option 1)

- Request written verification of ASHA/ABA certification issued within six months prior to the date of licensure **OR** request master's degree transcript from an accredited school within the United States. All documentation must be submitted directly from the sources to the Board (no copies or faxes). ASHA (888-498-6699), www.asha.org.
- Request PRAXIS (609-771-7395) to submit written verification of passing qualifying examination within the last three years **OR** request employment verification on company letterhead verifying at least one year of work history within the past three consecutive years. All documentation must be submitted directly from the sources to the Board (no copies or faxes).

(Option 2)

- Evidence of active practice for at least three out of the past five years. The documentation must be submitted directly from the source(s) to the Board office.
- Request licensure verification of a current license in a jurisdiction in the United States (documentation must be submitted directly from the source(s)).

***An audiology applicant by endorsement who does not meet the requirements listed above may qualify for endorsement by practice under supervision with a six month provisional license and a recommendation for licensure by his/her supervisor. A provisional license will be issued to the applicant upon meeting the educational qualifications prescribed in [18VAC30-20-170](#) and passage of the qualifying examination at the time of initial licensure. Supervision by a licensed audiologist must be accordance with subsections D & E of [18VAC30-20-280](#) .

SEE IMPORTANT INFORMATION ON PAGE TWO

▶ **Application Receipt Confirmation/Licensure**

- Confirmation of receipt of application and missing items is forwarded via e-mail notification.
- Licensure notification is forwarded via e-mail upon completion of application processing.
- License permits and wall calligraphy are mailed within two days of issuance.

▶ **Permit Expiration Dates**

- Licensure permits issued prior to July 1st will expire on December 31st. Permits issued on or after July 1 will expire December 31st of the following year.

▶ **Board Communication**

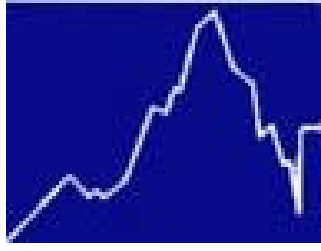
- E-mail address: the Board's preferred method of communicating newsletters, regulatory updates and other important information is through e-mail notifications. Maintaining a current e-mail address with the Board office provides a mechanism for up-to-date and cost effective communication.
- To receive automatic board activity updates, you may request to receive automatic e-mail notifications through the Public Participation Guidelines (contact board office) or Townhall at www.townhall.virginia.gov.

▶ **On-Line Licensing and pin number**

- A pin number is assigned upon issuance of a licensure permit. Licensees are encouraged to renew on-line, change addresses and request duplicate permits.

▶ **Audiology Speech-Language Pathology Webpage:** www.dhp.virginia.gov/aud/

- The website offers the most current changes to the laws/regulations, frequently asked questions, statistics, license look-up, forms and guidance documents.



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Audiology and Speech Language Pathology

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Henrico, VA 23233-1463

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Audiology Application for Licensure by Endorsement
 (The Clinical Fellowship Year (CFY) DOES NOT qualify as employment verification)

1. Legal Full Name (Please Print or Type)

Last	First	Middle	Maiden Name or Suffix
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Have you ever been known by any other name? [] Yes [] No If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. If name change was made by court order, enclose herein a certified copy of such order.

Address of Record (Mailing Address)	City	State	ZIP Code	Telephone No.
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Publicly Disclosable Address	City	State	Zip Code	Telephone No.
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ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals **are not posted** on the "License Lookup" program available through the board's website.

*Social Security No. or Virginia DMV No.	Date of Birth (Mo/Day/Yr)	E-mail Address
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Graduation Date (Mo/Day/Yr)	Professional Degree(s)	School	City	State
_____	_____	_____	_____	_____

Print legal name as you wish it to appear on wall certificate:

2. Attach documentation of 15 continuing competency hours for each year in which you have been licensed in your jurisdiction; not to exceed 60 hours. Please refer to instruction sheet for alternative pathway if you do not meet this requirement.

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	RECEIPT #	BASE STATE	ASHA/ABA	LICENSE #	ISSUE DATE
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3. List all jurisdictions in which you have ever been issued a license (active, inactive, expired) to practice audiology and/or speech-language pathology. If more space is needed, please record on separate paper.

Jurisdiction	How Licensed	License #	Issue Date	Years of Practice	License Status

QUESTIONS MUST BE ANSWERED. If any of the following questions (4-12) are answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

4. Have you passed a qualifying examination from an accrediting body recognized by the board (PRAXIS)? **YES** **NO**

5. Have you been actively engaged in the practice of Audiology for at least three of the past five consecutive years? If answered **yes**, employer must submit employment verification on company letterhead verifying employment dates; **no copies or faxes**. If answered **no and you do not** meet the continuing education requirements or current licensure in another jurisdiction or active practice, you must complete the **provisional endorsement application**. Later, you will submit this application once all provisional requirements have been met.

6. List all professional practice in reverse chronological order for the last 36 months.

Began Date	Ended	Name of Practice/Address/Phone	Type of Practice
____/____/____ Month Year	____/____ Month Year		

7. Have you ever been convicted of a violation of/ or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor to include convictions for driving under the influence (DUI) and excludes traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.). **YES** **NO**

8. Have you ever had any of the following disciplinary actions taken against your license to practice Audiology and/or Speech Language Pathology? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? **If yes**, the regulatory agency authorized to take such action(s) must submit documentation of any disciplinary action taken against your license to include notices, orders, etc. **YES** **NO**

9. Are you currently under disciplinary investigation by any jurisdiction? **If yes**, give jurisdiction. **YES** **NO**

10. Have you had any malpractice suits brought against you in the last ten years? **If yes**, how many? _____ Provide details and documentation. Letters must be submitted by your attorney regarding malpractice suits. **YES** **NO**

11. Have you been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? **If yes**, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice. **YES** **NO**

12. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If yes , provide a letter from your treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	YES _____	NO _____
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13. AFFIDAVIT OF APPLICANT (THIS SECTION MUST BE NOTARIZED)

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Audiology and Speech-Language Pathology any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information, which is material to my application and me. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice Audiology and/or Speech-Language Pathology in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available on www.dhp.virginia.gov/aud/ and I fully understand that funds submitted as part of the application process shall not be refunded.

Signature of Applicant

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission expires _____.

Signature of Notary Public

NOTARY SEAL