

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

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

website: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

e-mail: [AudBD@dhp.virginia.gov](mailto:AudBD@dhp.virginia.gov)

Phone: 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.

Applications will remain in process no longer than one (1) year. If, at the end of one (1) year, a license is not issued, the application file is destroyed. An applicant shall reapply for licensure, submit fees, required documentation, and meet the qualifications for licensure in effect at the time of the new application.

**AUDIOLOGIST PROVISIONAL APPLICATION CHECKLIST**

Please review the following checklist/instructions to ensure that your application is complete prior to submission for review (reference 18VAC30-20-171 of the regulations).

- Complete license application and submit \$50.00 fee, check or money order made payable to the "Treasurer of Virginia". ALL FEES ARE NON-REFUNDABLE
- An original letter from your supervisor, on company letterhead, mailed directly to the Board indicating that you will be working under his/her supervision in order to obtain clinical experience as required for licensure under section 18VAC30-20-170 of the Virginia Board of Audiology and Speech Language Pathology regulations; NO COPIES OR FAXES.
- Provide an original letter and transcript submitted directly to the Board office from an accredited college or university demonstrating completion of coursework and practicum equivalent to that required for a master's degree and enrollment in the audiology doctoral program; NO COPIES OR FAXES.
- Provide ORIGINAL report of your NTE /PRAXIS scores directly from examining source. Must have passed a qualifying examination from an accrediting body recognized by the board within three years preceding the date of this application; NO COPIES OR FAXES.

**NOTE:**

A provisional license shall expire 18 months from the date of issuance and may be renewed for an additional 6 months by payment of a renewal fee. Renewal of a provisional license beyond 24 months shall be for good cause shown as determined by a committee of the board.

The holder of a provisional license in audiology shall only practice under the supervision of a licensed audiologist in order to obtain clinical experience as required for licensure in 18 VAC 30-20-170. The provisional licensee shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.

**SEE IMPORTANT INFORMATION ON PAGE TWO**

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▶ **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 31<sup>st</sup>. Permits issued on or after July 1 will expire December 31<sup>st</sup> of the following year.

▶ **Board Communication**

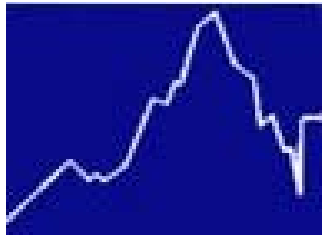
- E-mail address: the Board's preferred method of communicating newsletters, regulatory updates and other important information is through e-mail notifications. Maintaining a current e-mail address with the Board office provides a mechanism for up-to-date and cost effective communication.
- To receive 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](http://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/](http://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**

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

E-Mail: [AudBD@dhp.virginia.gov](mailto:AudBD@dhp.virginia.gov)  
 Phone: (804) 367-4630  
 Website: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

## Application for Provisional License to Practice Audiology

**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.
Publicly Disclosable Address	City	State	Zip Code	Telephone No.

**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	School	City	State
_____	_____	_____	_____	_____

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

**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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\*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.

2. Please provide the date of passage of Praxis or NTE examination\_\_\_\_\_. Request a certified copy of score be mailed directly from testing company to the Board. **No faxes or copies.**

3. List your supervisor's full legal name \_\_\_\_\_ Supervisor's VA License # \_\_\_\_\_  
 Supervisor must submit directly to the Board an original letter on `company letterhead indicating that you will be working under his/her supervision in order to obtain clinical experience as required for licensure under section 18VAC30-20-170 of the Virginia Board of Audiology and Speech-Language Pathology regulations; **no copies or faxes.**

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (4-9) are answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

<p>4. 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 considered with you application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).</p>	<p><b>YES</b>            _____</p>	<p><b>NO</b>            _____</p>
<p>5. 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? <b>If yes</b>, 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.</p>	<p><b>YES</b>            _____</p>	<p><b>NO</b>            _____</p>
<p>6. Are you currently under disciplinary investigation by any jurisdiction? <b>If yes</b>, give jurisdiction.            _____</p>	<p><b>YES</b>            _____</p>	<p><b>NO</b>            _____</p>
<p>7. Have you had any malpractice suits brought against you in the last ten years? <b>If yes</b>, how many?            _____            Provide details and documentation. Letters must be submitted by your attorney regarding malpractice suits.</p>	<p><b>YES</b>            _____</p>	<p><b>NO</b>            _____</p>
<p>8. 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? <b>If yes</b>, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.</p>	<p><b>YES</b>            _____</p>	<p><b>NO</b>            _____</p>
<p>9. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? <b>If yes</b>, provide a letter from your treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.</p>	<p><b>YES</b>            _____</p>	<p><b>NO</b>            _____</p>

**12. 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/](http://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