STATE OF MAINE

BOARD OF SPEECH, AUDIOLOGY AND HEARING

APPLICATION FOR LICENSURE

- Audiologist

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised 1/2015

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Speech, Audiology and Hearing is enclosed. It contains all the relevant materials you need to complete your application for licensure as an Audiologist in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT:

- Applicant Information Guide
- Individual License Application
- Verification of Licensure Form

ADDITIONAL RESOURCES:

➢ Licensing Law for Speech-Language Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html or call (207) 624-8626

➢ Licensing Rules Specific to Speech-Language Pathologists and Audiologists

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: http://www.maine.gov/sos/cec/rules/02/chaps02.htm#643 or call (207) 624-8626

➢ Licensing Rules for the Department of Professional and Financial Regulation

Available: http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

➢ Statutory Authority, Titles 5 & 10

Available: http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html

APPLICATION PROCEDURE:

- Please submit your application materials to the Board by mail or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.

- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.

- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: http://pfr.informe.org/almsonline/almsquery/welcome.aspx. We appreciate your thoughtful attention to this request.

IMPORTANT INFORMATION FOR LICENSEES:

- **Renewal**

  This is an annual license, renewable by the end of February each year. You may renew online at your convenience 24 hours a day, 7 days a week up to 60 days in advance of your license expiration date. Renewal reminders are currently sent to the e-mail address on file. Late renewals (up to 90 days after license expiration) incur a late renewal fee of $50.00. Those wishing to obtain licensure after the late renewal period must meet the requirements for licensure current at the time of the application. Applicants whose license expired within the 91 day to 2 year window should contact the Office for a reinstatement application.

- **10 Day Reporting**

  Please be advised, pursuant to 10 MRS §8003-G, licensees and applicants are to report to the Office, in writing, any change in a name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
  http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

- **GovDelivery**

  The Board of Speech, Audiology and Hearing has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

  As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

  To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

Licensure as an Audiologist

There are four (4) pathways to licensure as an audiologist. **Applicants who hold licensure as an *audiologist* in another state must use Pathway 4** outlined below.

Pathway 1 (Change of status)

Applicants who wish to change their status from temporary to permanent licensure must submit the documentation and fee as outlined in the checklist below.

- ❒ Completed and signed application for permanent licensure sent by mail or courier;
- ❒ A written request for Change of Status sent by mail or courier;
- ❒ Documentation of successful completion of your lawfully obtained supervised clinical practice sent by mail or courier to this Office;
- ❒ Official evidence of a passing score on the examination administered by Praxis issued directly to this Office; and
- ❒ Payment of a Licensure fee of $110.00.

Pathway 2 (Standard)

Standard applicants must submit the documentation and fees as outlined in the checklist below.

- ❒ A completed and signed Application sent by mail or courier;
- ❒ Official Transcript sent by mail or courier directly to this Office from the issuing University or College indicating an earned/conferred Doctoral degree, Master's degree or equivalent;
- ❒ Evidence of having completed one thousand eight hundred twenty (1820) clock hours of lawfully obtained supervised clinical practicum (copy of your completed and signed log(s) sent by mail or courier or other evidence acceptable to the Board accepted);

  Note: Please refer to Board Rules Chapter 3, Section 2(1)(A)(2).

- ❒ Official evidence of a passing score on the examination administered by Praxis issued directly to this Office;

  Note: The exam must have been taken within the preceding five (5) years of the date of receipt of any application.

- ❒ Payment of an Application fee of $50.00;
- ❒ Payment of a Licensure fee of $110.00;
- ❒ Payment of a Criminal History Check fee of $21.00; and

  Note: All fees can be in one payment.

- ❒ Official Verification(s) of Licensure sent by mail or courier directly to this Office from the issuing agency (if applicable).

Pathway 3 (Certificate of Clinical Competency):

Applicants seeking licensure via CCC in Audiology must submit the documentation and fees as outlined in the checklist below.

- ❒ A completed and signed Application sent by mail or courier;
- ❒ Official Transcript sent by mail or courier directly to this Office from the issuing University or College indicating an earned/conferred Doctoral degree, Master's degree or equivalent;
- ❒ Official documentation demonstrating a valid Certificate of Clinical Competency in Audiology that is current at the time of application sent by mail or courier directly to this Office from ASHA;

  Note: Contact ASHA directly: www.asha.org ~ (800)498-2071

- ❒ Payment of an Application fee of $50.00;
- ❒ Payment of a Licensure fee of $110.00;
- ❒ Payment of a Criminal History Check fee of $21.00; and

  Note: All fees can be in one payment.

- ❒ Official Verification(s) of Licensure sent by mail or courier directly to this Office from the issuing agency (if applicable).

Pathway 4 (Other Jurisdiction):

Applicants who hold licensure in another state must submit the documentation and fees as outlined in the checklist below.

- ❒ A completed and signed Application sent by mail or courier;
- ❒ Payment of an Application fee of $50.00;
- ❒ Payment of a Licensure fee of $110.00;
- ❒ Payment of a Criminal History Check fee of $21.00;

  Note: All fees can be in one payment.

- ❒ Official Transcript sent by mail or courier directly to this Office from the issuing University or College indicating an earned/conferred Doctoral degree, Master's degree or equivalent;
- ❒ A completed Verification of Licensure Form sent by mail or courier directly to this Office from the issuing agency; and
- ❒ Documentation of one (1) of the following options:

  1. Official documentation demonstrating a valid Certificate of Clinical Competency current at the time of the application sent by mail or courier directly to this Office from ASHA;

     Note: Contact ASHA directly: www.asha.org ~ (800)498-2071

  2. Copy of Statutes and Rules of sending state indicating professional standards substantially equivalent to or greater than those set forth by Maine Rule sent by mail or courier to this Office;
  3. Evidence of:
     - Completion of one thousand eight hundred twenty (1820) clock hours of lawfully obtained supervised clinical practicum (copy of your completed and signed log(s) sent by mail or courier or other evidence acceptable to the Board accepted); and
     - Official passing score on the examination administered by Praxis issued directly to this Office.

4.

Note: The exam must have been taken within the preceding five (5) years of the date of receipt of any application.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery Address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: http://pfr.informe.org/almsonline/almsquery/welcome.aspx.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. DO NOT SEND CASH.
- Make a copy of your application to keep for your records.

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH mm / dd / yyyy	SOCIAL SECURITY NUMBER		
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ( )	FAX ( )	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. **Have you ever been convicted by any court of any crime? (circle one) NO YES**
   If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. **Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES**
   If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE **DATE**

Board of Speech, Audiology and Hearing

Please Select License Type:

- ☐ Speech-Language Pathologist (SP1421)
- ☐ Audiologist (AP1421)
- ☐ Speech-Language Pathologist/Audiologist (PA1421)

Required Fee: $181
(includes Criminal History Records Check Fee)

Office Use Only:
1421 - $110.00
1446 - $50.00
2619 - $21.00

Office Use Only:
Check #_____
Amount:_____
Cash #_____
Lic. #_____

Rev. 1/2015

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD the following amount: $_____
☐ **I understand that fees are non-refundable**

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

SIGNATURE **DATE**

Applicant's Name: _____

Post Secondary Education			
Name of School	Date of Graduation	Major	Degree Awarded

Employment **Please provide information regarding your current employment and where you are seeking employment.**		
Current Employer:		Work Phone *(include area code)*:
Mailing Address:		
City:	State:	Zip Code:

Prospective Employer:		Work Phone *(include area code)*:
Mailing Address:		
City:	State:	Zip Code:

Credentialing History

Do you hold or have you ever held a professional license/certification/registration in this or any other state/country? [ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken the Praxis examination? [ ] YES [ ] NO

If yes:

Year taken:	Select One: [ ] Pass [ ] Fail
Year taken:	Select One: [ ] Pass [ ] Fail

Applicant's Name: _____

Disciplinary History	
1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation.	[ ] YES [ ] NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation.	[ ] YES [ ] NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SIGNATURE: _____ DATE: _____

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Speech, Audiology and Hearing
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Director

VERIFICATION OF LICENSURE FORM

The applicant listed below is applying for licensure in the State of Maine. The Maine Board of Speech, Audiology and Hearing requests written verification from each jurisdiction that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:	Date:	

Directions to State Board:

Complete the remaining portion of page 1 and page 2 and return both pages by mail or courier:

U.S.P.S. Mailing Address: Board of Speech, Audiology and Hearing, 35 State House Station, Augusta, Maine 04333
-or-
Courier/Delivery Address: Board of Speech, Audiology and Hearing, 76 Northern Avenue, Gardiner, Maine 04345

Name of Licensee:		Type of License:
License Number:	Status of License: ❑ Active ❑ Inactive ❑ Expired	
Date Issued:		Expiration Date:

Applicant's Name: _____

VERIFICATION OF LICENSURE (PAGE 2)	
Exam taken: _____	
Date exam passed:	
If no examination was taken, how was licensure obtained? ❑ Grandfathered ❑ Endorsement/Comity from which state: _____ ❑ Other	
What were the requirements for education at the time the license was issued? _____ _____ _____	
Are there any pending complaints against this licensee? [ ] Yes [ ] No If yes, please explain:	
Have there been any other actions taken against this licensee? [ ] Yes [ ] No If yes, please explain:	
Is the licensee considered to be in good standing in your state? [ ] Yes [ ] No If no, please explain:	
State Board Seal	Signature: _____ Printed Name: _____ Title: _____ State: _____ Phone Number _____ Date: _____