

STATE OF MAINE
BOARD OF SPEECH, AUDIOLOGY AND HEARING
APPLICATION FOR LICENSURE

- Temporary 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

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 a Temporary 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
- Temporary Licensee Supervision Form
- Verification of Licensure Form

ADDITIONAL RESOURCES:

- Licensing Law for Speech 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 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/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.
- A license must be approved and active before the applicant may commence practice.

IMPORTANT INFORMATION FOR LICENSEES:

➤ Renewal

The temporary license is issued for a period of one (1) year but it may be renewed for another year at the discretion of the Board. Temporary licensees wishing to renew their existing temporary license must submit the following at least three (3) weeks prior to their license expiration:

- \$110.00 renewal fee;
- Original letter of request for renewal from licensee; and
- Original, signed supervisory plan meeting ASHA's clinical fellowship requirements.

➤ 10 Day Reporting

Please be advised, pursuant to 10 MRS §8003-G, licensees are 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 held, or any material change set forth in this application within ten (10) days: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

Further, pursuant to Chapter 5 of the Board's Rules, any changes in supervision must be reported to the Office within ten (10) days. A form is available at the Board's website:

<http://www.maine.gov/pfr/professionallicensing/professions/occupational/forms.html>

Any violation of a governing law or rule of the Board may result in disciplinary action against your license <http://www.mainelegislature.org/legis/statutes/10/title10sec8003.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.

Temporary Licensure, Audiology

Applicants who hold a **master's degree in audiology** may apply for a temporary license by submitting the documentation and fee as outlined below.

- A completed and signed Application;
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

- Official Transcript from the issuing University or College indicating a Master's degree or equivalent coursework sent by mail or courier directly to the Office from the educational institution;
- Evidence of having completed four hundred (400) clock hours of supervised clinical observation and clinical practicum (copy of your completed and signed log(s) sent by mail or courier or other evidence acceptable to the Board accepted); and
- Supervision Form for Temporary Audiologists with Supervisory Plan sent by mail or courier directly to this Office.

Those licensed in other jurisdiction(s) must also provide:

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

Change of Status

To change from a temporary to a permanent license, you must submit the following to the Office for consideration. **Active temporary licensees wishing to use this pathway for full licensure must complete the application process prior to the expiration of their temporary license. Therefore, applications should be submitted in a timely manner to allow for review and processing.**

- Completed and signed application for permanent licensure;
- A written request for Change of Status;
- Payment of a Licensure fee of \$110.00;
- Evidence of having completed the required supervised clinical experience; and
- 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.

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/almquery/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	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
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: <input type="checkbox"/> Temporary Audiologist (AT1421)	Office Use Only: 1421 - \$110.00 1446 - \$50.00 2619 - \$21.00
Required Fee: \$181 (includes Criminal History Records Check Fee)	<i>Office Use Only:</i> 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) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____ <input type="checkbox"/> I understand that fees are non-refundable
Card number: <i>XXXX-XXXX-XXXX-XXXX</i> Expiration Date <i>mm / yyyy</i>
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:
Title:		Dates:

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: _____



Paul R. LePage
Governor

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

Anne L. Head
Director

Supervision Form for Temporary Licensees

This form is required to be submitted by applicants for temporary licensure of speech-language pathology or audiology or for temporary licensees to report changes in supervisory relationships to the Board.

Applicant Data		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Supervisor's Education/School:		Degree Awarded:

Proposed Supervisor's Data		
Please select one: <input type="checkbox"/> New supervisor <input type="checkbox"/> Change of supervisor Name of previous supervisor: _____		
Name of Proposed Supervisor:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	First Issue Date:	
Employer:	Dates employed*:	
*If less than two (2) years please attach a resume demonstrating at least two (2) years of professional experience.		



Supervision Form for Temporary Licensees
Page 2 of 2

Supervisor's Responsibility Statement

As the Supervisor:

Agree:

- 1) I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise a temporary licensee.

- 2) I understand that I may supervise a maximum of two (2) temporary licensees and that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible.

- 3) I will attach a supervisory plan detailing the following:
 - Employment setting;
 - Hours worked per week
(ASHA required 15-19 hours/week for 72 weeks; 20-24 hours/week for 60 weeks; 25-29 hours/week for 48 weeks; 30+ hours/week for 36 weeks);
 - Duration of the clinical fellowship;
 - Number of supervisory activities to be completed and the method of type of supervision and monitoring activities;
 - Method of evaluation (Clinical Fellowship Skills Inventory);
 - Intention to submit the completed Clinical Fellowship Report to the Board when change of status from temporary to permanent licensure is requested; and
 - Supervisor's signature

- 4) I understand that speech-language pathology or audiology practice by the applicant may not commence until the Board has reviewed and approved the temporary licensee's application for licensure or has reviewed and approved the change in supervision in writing.

- 5) I will immediately notify the temporary licensee and the Board of anything that affects my ability or right to supervise.

- 6) I know and understand the laws and rules pertaining to the supervision and practice of temporary licensees.

- 7) If I terminate supervision of this trainee I will inform the Board in writing within ten (10) days.

By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: _____

DATE: _____



Paul R. LePage
Governor

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

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 state 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: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired		
Date Issued:		Expiration Date:	

OFFICE PHONE: (207)624-8626



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

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: _____

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:

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____

State Board Seal