

10. Citizenship
- (a) Are you a United States Citizen? YES NO
- (b) If NO to question 10(a) above, attach notarized statement with supporting documentation.
Please check one of the following:
- A qualified alien (as defined in 8 U.S.C.A. § 1641).
 - A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq).
 - An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.
11. **Military**—Act 276 of the 2012 Regular Session and House Concurrent Resolution 74 of the 2015 Regular Session of the Louisiana Legislature
- (a) Are you currently an active member of the military? YES NO
- (b) Are you the spouse of an active military member? YES NO
12. Have you ever possessed a professional license or certificate issued by another organization or state licensing authority? If yes, please submit a Verification of License for each entity. List State(s): _____ YES NO
13. Has any state licensing authority ever denied your application for licensure or renewal? If yes, attach notarized explanation. YES NO
14. Have you ever been the subject of disciplinary action (e.g. revocation, suspension, reprimand, fine, etc.) by a state licensing authority? If yes, attach notarized explanation. YES NO
15. Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure? If yes, attach notarized explanation. YES NO
16. Have you ever voluntarily surrendered your professional license in any state? If yes, attach notarized explanation. YES NO
17. Have you ever been charged or convicted of any crime? If yes, attach notarized explanation. YES NO
18. To an extent that it impairs your functioning as a speech-language pathologist or audiologist, have you ever used or are you currently using drugs, chemical substances (including controlled substances obtained either with or without a valid prescription), or intoxicating liquors? If yes, attach notarized explanation. YES NO
19. Have you been treated for a drug or alcohol addiction or been a participant in an alcohol or drug treatment or rehabilitation program in which you were monitored or supervised? If yes, attach notarized explanation. YES NO
20. To an extent that it impairs your functioning as a speech-language pathologist or audiologist, have you ever been diagnosed with a mental or emotional disease or condition? If yes, attach notarized explanation. YES NO
21. Have you ever been adjudged mentally incompetent? If yes, attach notarized explanation. YES NO

EDUCATION OR TRAINING

University or College	City, State	Dates Attended	Degree & Date	Major

22. **Professional Employment** (Begin with most recent professional employment first.)

Dates of Employment (Mo., Day, Yr.)	Title of Position
From _____	_____
To _____	_____

Name of Employer _____

Physical Address of Work Location _____

City and State _____

Name of Immediate Supervisor _____

Supervisor Address _____

City and State _____

Description of work: _____

Date of Employment (Mo., Day, Yr.)	Title of Position
From _____	_____
To _____	_____

Name of Employer _____

Physical Address of Work Location _____

City and State _____

Name of Immediate Supervisor _____

Address _____

City and State _____

Description of Work _____

Date of Employment (Mo., Day, Yr.)	Title of Position
From _____	_____
To _____	_____

Name of Employer _____

Physical Address of Work Location _____

City and State _____

Name of Immediate Supervisor _____

Address _____

City and State _____

Description of Work _____

NAME: _____

TO BE USED BY APPLICANTS FOR AUDIOLOGY LICENSURE

I am applying for:

- Audiology Licensure

An Audiology License is issued to individuals meeting all educational, clinical practicum, examination, and professional experience requirements for full licensure.

- Add Hearing Add Dispensing

Audiologists who wish to dispense hearing aids must also fulfill the coursework and practicum requirements for hearing aid dispensing. Transcript and clinical practicum hours must be reviewed by the Board.

I understand the requirements for an Audiology License are:

A. EDUCATIONAL REQUIREMENT

A Master's degree in audiology, doctoral degree, or its equivalent which meets the requirements established by the Board. Official transcripts are to be sent directly from the institution via e-script or mailed to the Board at the address indicated on this application, as evidence of the degrees and/or academic credit required by law, before a license can be issued.

B. CLINICAL EXPERIENCE REQUIREMENT

Proof of having completed:

- 1820 clinical practicum hours if the graduate program began after January 1, 2005, 375 hours of which must have been obtained through direct patient/client contact.

- 375 clinical practicum hours (combined undergraduate and graduate or graduate only) if Master's program began after January 1, 1994.

- 300 clinical practicum hours (combined undergraduate and graduate or graduate only) if Master's program began prior to January 1, 1994.

C. EXAMINATION REQUIREMENT

Notification from the Educational Testing Service of a passing score earned on the Audiology section of the Praxis.

D. PROFESSIONAL EMPLOYMENT REQUIREMENT

An individual who holds a doctorate in audiology and has completed 75 semester credit hours of post-baccalaureate coursework from a regionally accredited audiology program, and has completed the clinical practicum hour requirement as specified in §107.H.2.a., fulfills the requirement for a supervised postgraduate professional employment/experience.

WAIVER

- I apply for a waiver of the documentation of the examination and clinical practicum requirements by presenting with this application proof that I hold a current Certificate of Clinical Competence in Audiology from the American-Speech-Language-Hearing Association.