AUD

State of Alaska
Department of Community and Economic Development
Division of Occupational Licensing
Audiology/Hearing Aid Dealer/Speech-Language Pathology Section
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2695
E-mail: license@dced.state.ak.us

APPLICATION FOR AUDIOLOGIST LICENSE

Nonrefundable application fee - $150 Initial license fee - $315 Temporary license - $100

Application for: ❑ Permanent license ❑ Temporary license ❑ Courtesy license - $100

Name _____
Last First Middle Maiden/Other

Social Security Number _____ Birthdate _____ Sex _____

Mailing Address _____
City State ZIP Code

Residence Address _____
City State ZIP Code

Telephone - Business _____ Home _____

Applicants for Temporary Licensure

Please indicate planned dates of practice in Alaska: from _____ to _____

EDUCATIONAL HISTORY - List accredited college or university attended where masters or doctorate in audiology was received; have official transcripts sent directly to Alaska.

Graduate Education Name of School	Location	From Mo./Yr.	To Mo./Yr.	Degree/Date Awarded

LICENSE HISTORY - List all current and previous audiologist licenses held in any state, territory, or country; have verifications completed by issuing agencies and sent directly to Alaska. If none, state N/A.

Jurisdiction	License #	Date of Issue	Status	By Examination/ Reciprocity

Department Use Only

License No. _____ Issue Date _____ Expiration Date 9/30/

PROFESSIONAL FITNESS - If the answer to any of the following questions is "Yes," explain fully in a separate, signed affidavit. "Yes" answers may not automatically result in license denial.

		YES	NO
1.	Has your professional license been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?	❑	❑
2.	Have you voluntarily surrendered or restricted your professional license in any jurisdiction?	❑	❑
3.	Have you ever been disciplined for any violation or unethical conduct?	❑	❑
4.	Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?	❑	❑
5.	Within the past five years, have you experienced or been diagnosed with, or treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression, or any other mental or emotional illness?	❑	❑
6.	Within the past five years, have you experienced, been diagnosed with, or, been treated for any physical or mental condition which may impair or interfere with your ability to practice?	❑	❑
7.	Within the past five years, have you experienced, been diagnosed with, or been treated for any chemical impairment?	❑	❑

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

Please be advised that all information provided with this application will be available to the public unless required to be kept confidential by state or federal law.

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true and correct and that the photograph which appears below is a true likeness of me taken within the past 60 days. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of, a license to practice audiology in Alaska.

CURRENT HEAD AND SHOULDERS PHOTOGRAPH

Sign Here ☞ _____
Signature of Applicant

SUBSCRIBED AND SWORN TO before me on

_____ (date).

_____

Notary Public, State of _____
My Commission Expires: _____

(NOTARY SEAL)

NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH

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AUDIOLOGY PROFESSIONAL REFERENCE / WORK EXPERIENCE

I certify that the applicant, _____, has engaged in
(Name of Applicant)

the practice of audiology from _____ to _____; and I am or was professionally associated with the applicant during the dates stated.

PERSONAL STATEMENT: _____

_____

_____

_____
Signature Date

_____
Printed Name Title

_____
Address

_____
City/State/ZIP Code

SUBSCRIBED AND SWORN TO before me on

_____ (date).

_____

Notary Public, State of _____ (NOTARY SEAL)
My commission expires: _____

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VERIFICATION OF AUDIOLOGIST LICENSURE

Part I

Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward a verification to each jurisdiction where you previously were or currently are licensed as an audiologist. The information requested below must be officially verified by the agency or board that issued the license. The blank form may be photocopied for additional requests. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II, the licensing agency will return the form directly to Alaska.

Name _____
Last First Middle Maiden/Other

Mailing Address _____
City State ZIP Code

License # _____ SS# _____ Birthdate _____

Signature _____ Date Signed _____

PLEASE DO NOT DETACH

Part II

Instructions to Licensing Agency or Board: The above-named individual is applying for licensure as an audiologist in Alaska. Please provide the information requested below, and **return the form directly to the Division of Occupational Licensing at the address at the top of the page.** The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

Licensee's Name as Shown on your Records: _____

License # _____ SS# _____ Birthdate _____

Original Issue Date _____ Current Expiration Date _____

Status: ❑ Current ❑ Inactive ❑ Lapsed ❑ Other _____

Licensed By: ❑ Exam (Date _____) ❑ Credentials ❑ Other, please specify: _____

_____

List derogatory information, if any _____

_____

(BOARD SEAL)

Signed: _____

Printed Name: _____

Return to: Division of Occupational Licensing
P.O. Box 110806, Juneau, AK 99811-0806

Title: _____

Jurisdiction: _____

Date: _____

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AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____

residing at _____

authorize the Alaska Division of Occupational Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Occupational Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority of guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as an audiologist. This authorization expires one year from the date of my signature below.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Home Telephone: _____ Work Telephone: _____