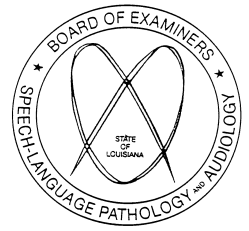




LOUISIANA BOARD OF EXAMINERS FOR  
 SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
 18550 Highland Road, Suite B • Baton Rouge, Louisiana 70809  
 Office: (225) 756-3480 • Toll Free: (800) 246-6050 • Fax: (225) 756-3472  
 Website: www.lbespa.org • Email: aud-slp@lbespa.org



## APPLICATION FOR LICENSE

I hereby apply for a license to practice Speech-Language Pathology and/or Audiology within the State of Louisiana under the rules established by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology and Act 892 of the 1995 Regular Session of the Louisiana Legislature.

I herewith submit the licensure fee of \$125.00 (Audiologists applying for registration in Hearing Aid Dispensing must include an additional \$25.00) in the form of a certified check, money order, or credit card payment, to the Secretary-Treasurer of the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. I further understand the fee will be retained by the Board should my application be rejected.

I understand that any license issued to me will be valid for only one year, and it is my responsibility to renew annually before June 30<sup>th</sup>. **Denial of the initial application is subject to reporting to the HealthCare Integrity and Protection Data Bank (HIPDB).**

Check One:  New License  Reinstatement \_\_\_\_\_

**In accordance with state law, individuals may not begin work until a completed application and application fee has been received by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. According to Rule 109.J, only initial applicants will receive a grace period.**

## GENERAL INFORMATION

(PRINT or TYPE)

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
(print name as you wish it to appear on your license)

2. Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City and State \_\_\_\_\_ ZIP \_\_\_\_\_

Parish \_\_\_\_\_ Email Address \_\_\_\_\_

3. Driver's License Number: \_\_\_\_\_

4. Are you employed?  Yes  No If yes, beg. date of employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City and State \_\_\_\_\_ ZIP \_\_\_\_\_

5. Legal Resident of Louisiana:  Yes  No

6. Is English your primary language?  Yes  No

If no, are you proficient in English?  Yes  No

7. Years Employed as a Speech-Language Pathologist and/or Audiologist \_\_\_\_\_

8. Date of Birth

Month	Day	Year
		19

9. Social Security Number (required by LRS 37:23)

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**APPLICATION MUST BE NOTARIZED**

10. Have you ever possessed a professional license or certificate issued by another organization or state(s)? If yes, please submit a Verification of License for each organization or state.  YES  NO  
List State(s): \_\_\_\_\_
11. Has any state ever rejected your application for licensure? If yes, attach notarized explanation.  YES  NO
12. Has any state imposed any form of disciplinary action (i.e. revocation, suspension, reprimand, fine, etc.) on you or your professional licensure? If yes, attach notarized explanation.  YES  NO
13. Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure?  YES  NO
14. Have you ever surrendered your professional license in any state? If yes, attach notarized explanation.  YES  NO
15. Have you ever been charged or convicted of any crime or unprofessional conduct? If yes, attach notarized explanation.  YES  NO
16. 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
17. Have you been a participant in an alcohol or drug treatment or rehabilitation program in which you were monitored or supervised relative to your use of drugs or alcohol? If yes, attach notarized explanation.  YES  NO
18. Have you ever been adjudged mentally incompetent? If yes, attach notarized explanation.  YES  NO

Act # 721 passed by the Louisiana Legislature in the 2003 Regular Session, mandates that State Licensing Boards ask the following questions. The information given is to remain confidential, and will be used to measure and track the supply of licensed professionals for statistical purposes by the Louisiana Department of Labor.

19. Employment in Speech-Language Pathology and Audiology:  
 I am employed or self-employed in Speech-Language Pathology and/or Audiology:  
 Part time (less than 36 hrs per week as defined by the Dept. of Labor).  
 Full time (36-40 hrs per week as defined by the Dept. of Labor).  
 I am NOT employed in the field of Speech-Language Pathology and/or Audiology.
20.  I am employed or self-employed in Louisiana.
21.  I am employed in the profession in Louisiana.  
 I am employed in the profession OUT of Louisiana.

**OPTIONAL:**

22.  I graduated with my degree in SLP/AUD in 2011.  
 23.  I moved to LA and obtained my license in 2011.  
 24. I am:  White  Black  Hispanic  Asian  Other

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

25. **Professional Experience** (Begin with most recent employment first.)

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

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
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 \_\_\_\_\_  
Address \_\_\_\_\_  
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 \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NAME: \_\_\_\_\_

SS #: \_\_\_\_\_

## **TO BE USED BY APPLICANTS FOR AUDIOLOGY LICENSURE**

I request (Check the one that applies):

- Audiology License       Provisional Audiology License

An Audiology License is issued to individuals meeting all educational, clinical practicum, examination, and profession experience requirements for full licensure. A Provisional Audiology License is issued to individuals who have completed the educational and clinical practicum requirements, but have not yet completed the examination and/or professional experience requirements. I understand that, if I am issued a Provisional Audiology License, I must practice under the DIRECT supervision of a licensed Audiologist.

I understand the requirements for an Audiology or a Provisional Audiology License are:

### A. EDUCATIONAL REQUIREMENT

A Master's degree in audiology, Au.D., or its equivalent which meets the requirements established by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA). Official graduate and undergraduate transcripts are to be sent directly from the institution to LBESPA at the address indicated on this application, as evidence of the degrees and/or scholastic 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.
- 400 clinical practicum hours (combined undergraduate and graduate or graduate only) if Master's program began after January 1, 2004.
- 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 score of 600 or higher earned on the Audiology section of the Praxis. I understand that if I meet the educational and clinical experience requirements but have not successfully completed the examination requirement, I may obtain a Provisional Audiology License AN INDIVIDUAL SHALL FULFILL THE REQUIREMENT WITHIN ONE YEAR FROM THE DATE OF ORIGINAL ISSUANCE OF THE PROVISIONAL LICENSE.

1. If you have an Au.D. degree but have not passed the Praxis you must apply for a Provisional Audiology license.

D. PROFESSIONAL EMPLOYMENT REQUIREMENT

Proof of at least nine (9) months of full-time professional employment (or its part-time equivalent) in the field of audiology. Professional employment must begin after the educational and clinical practicum experiences have been completed. I understand that if I meet the educational and clinical practicum requirements, but have not yet completed the professional employment requirement, I may obtain a Provisional Audiology License. AN INDIVIDUAL MUST FULFILL THE PROFESSIONAL EMPLOYMENT REQUIREMENT WITHIN THREE YEARS FROM THE DATE OF ORIGINAL ISSUANCE OF THE PROVISIONAL LICENSE.

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 § 107.1.2.a., fulfills the requirement for a supervised postgraduate professional employment experience.

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REGISTRATION FOR HEARING AID DISPENSING

- I wish to register as a hearing aid dispenser in the State of Louisiana. I understand that in addition to meeting the requirements for licensure as an Audiologist, I must also meet the coursework and practicum requirements for hearing aid dispensing. I further agree to abide by all conditions for hearing aid dispensing as described in the LBESPA Rules and Regulations. IF I AM ISSUED A PROVISIONAL AUDIOLOGY LICENSE, I UNDERSTAND THAT I MUST PRACTICE UNDER THE DIRECT SUPERVISION OF A DISPENSING AUDIOLOGIST.

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.

**\*All individuals requesting hearing aid dispensing must submit transcript and clinical practicum hours to comply with coursework and practicum requirements.**