



ARIZONA DEPARTMENT OF HEALTH SERVICES
AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
INITIAL LICENSE APPLICATION

IDENTIFYING INFORMATION (Please provide the following information):

Last Name	First Name	MI	Social Security #
Home Address	City	State	Zip Code
Place of Employment			
Business Address	City	State	Zip Code
Business Phone Number		Home Phone Number	
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TYPE OF LICENSE APPLIED FOR (Check one box only. A separate application must be submitted for each type of license applied for):

- Audiology License
- Temporary Audiology License (For Completion of CFY)
- Dispensing Audiology License
- Speech-Language Pathology License
- Temporary Speech-Language Pathology License (For Completion of CFY)
- Speech-Language Pathology Limited License (Limited to providing services to pupils under the authority of a local education agency or state supported institution)

LICENSE HISTORY (List all current or previous Audiology or Speech-Language Pathology Licenses held in any State, Territory, or Country)

Jurisdiction	License #	Date Issued	Current Status

PROFESSIONAL CONDUCT – If the answer to any of the following questions is Yes, explain fully in a separate signed and dated affidavit.

Are you, or have you:	Yes	No
1. Had a license revoked or suspended by any State within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Not presently eligible for licensure in any State because of a prior revocation or suspension of a license?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been convicted of a felony or misdemeanor for moral turpitude in this or any other State, Territory or Country?	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED DOCUMENTATION (Please provide the information requested with this Application):

A. For an Audiology or Speech-Language Pathology License:

1. Written documentation of a masters degree in Audiology or Speech-Language Pathology, or an official transcript demonstrating completion of the coursework required in R9-16-202(1);
2. Written documentation of completion of a clinical practicum (clock hours) as required in R9-16-202(2), showing specific clock hours for both child and adult treatment and evaluation;
3. Written documentation of a passing grade on the ETSNESPA (PRAXIS); and
4. A copy of the Clinical Fellowship Report signed by the Clinical Fellow Supervisor as required in R9-16-202(3).

OR

1. A copy of a Certificate of Clinical Competency and current ASHA Membership Card.

B. For a Dispensing Audiology License:

1. Documentation in **A.** above; and
2. Written documentation of passing the Hearing Aid Dispenser Licensing Examination as required in A.R.S. § 36-1924, or a copy of a current Arizona Hearing Aid Dispenser License (Note: A.R.S. § 36-1922 allows for the issuance of a Hearing Aid Dispenser License by reciprocity to a person who is currently licensed in another state or jurisdiction that has been determined to have equivalent requirements for licensure. Audiologists who have passed the Hearing Aid Dispenser Examination in a state or other jurisdiction for which Arizona grants reciprocity for licensure as a Hearing Aid Dispenser, and who are currently licensed in that state, may meet this requirement by submitting written documentation from that state or jurisdiction of passing that entities written hearing aid dispenser examination. Information regarding which states and jurisdictions currently have reciprocity can be obtained by calling the Department's Office of Special Licensing at (602) 364-2079.

C. For a Temporary Audiology or Temporary Speech-Language Pathology License:

1. Documentation in **A. 1, 2 and 3** above; and
2. A copy of the Clinical Fellowship Agreement Form as required in R9-16-203(B).

D. For a Limited Speech-Language Pathology License:

1. Written documentation of an employee or contractor relationship with a local education agency or state supported institution; and
2. A copy of a Standard or Provisional Certificate in Speech and Language Therapy awarded by the Arizona State Board of Education. (Note: An Emergency Certificate does not meet this requirement)

FEES: Submit a separate **\$100.00 Non-Refundable Application Fee** and a **\$100.00 License Fee** (Cashier's Checks or Money Orders payable to: Arizona Department of Health Services – Personal checks or business account checks will not be accepted) with this Application.

UNLAWFUL ACTS: A.R.S. § 36-1936 provides that no person may willfully make a false, material statement in an application for a license or for renewal of a license. This application must be signed and include all required information.

Your signature on this application indicates that you have provided correct and accurate information in this document. Failure to disclose material information may result in your application for license being denied. Any material information not disclosed in this application may result in any license that has been issued to be suspended or revoked.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL, COMPLETE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE

Mail completed application and all required documentation and fees to:

**Arizona Department of Health Services
Office of Special Licensing
150 North 18th Avenue, Suite 460
Phoenix, Arizona 85007**