



## Application Checklist for Audiologist *Licensed in Another State or U.S. Graduate*

Visit our [Frequently Asked Questions](#) page (link available under the Applicant/Registrant tab) for more information.

If you need assistance, please email the Board at [speechandhearing@dca.ca.gov](mailto:speechandhearing@dca.ca.gov)

*Items 1-4 are required for issuance of the temporary license.*

- 1. Application**
  - Please answer all questions.
- 2. Application and License Fees**
  - Please submit a check or money to the Board, made payable to SLPAHADB:
    - Temporary License only.....\$30
    - Full Licensure only.....\$150
    - Temporary & Full Licensure.....\$180
- 3. Licensure Verification/Letter of Good Standing**
  - Include original board-sealed Licensure Verification from each state you have held a license in Speech-Language Pathology, Audiology, Hearing Aid Dispensing or if not licensed in another state the RPE Verification Form completed by your Externship supervisor.
- 4. Fingerprints – DOJ and FBI clearances must be received prior to license issuance**
  - Applicants Located in California are required to use Live Scan fingerprinting. Submit a copy of the completed form to the Board. Processing fees are paid directly to Live Scan operators.
  - Applicants Located Out-of-State are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee). Please make check or money order payable to SLPAHADB. You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab. Fingerprint cards must be on card stock paper.
    - For Out-of-State Applicants: one (1) check or money order for the applicable fees may be submitted:
      - Temporary License + Fingerprint Processing..... \$79
      - Full License + Fingerprint Processing.....\$199
      - Temporary/Full License + Fingerprint Processing....\$229

*Items 5-6 must be submitted as soon as possible for the Full License to be issued.*

- 5. Official Transcripts – Doctoral Programs Only**
  - Doctoral program(s) for audiology.
  - Master's degree in audiology accepted if conferred December 31, 2007 or before.
  - Must be sent to the Board in an envelope sealed by the college/university. This can be included in school-sealed envelope with the application.
  - The Board also accepts electronic transcripts sent directly from the registrar's office or official transcript service.
- 6. Clinical Practicum**
  - Must be on the Board's form and can be included in application package.
- 7. National Exam Score**
  - Minimum passing score of 170 for Praxis Series 5342 and 162 for Praxis Series 5343.
  - Must have been passed within the five years prior to application filing.
  - Must be sent electronically from Praxis/ETS to the Board's reporting code: **8544**.
  - If you passed the Praxis greater than five years ago, under Title 16 California Code of Regulations section 1399.152.3 you may qualify for an exemption from this requirement.
  - To qualify, you must have been continuously employed as a licensed speech pathologist in another state for at least the three years preceding submission of your application.
  - If you do not have three years of continuous employment, continuing education in the field you have completed in the last three years may also be considered, on a case-by-case basis.

If you wish to dispense hearing aids, then you must also complete the *Hearing Aid Dispenser Application*



**AUDIOLOGIST**  
**APPLICATION FOR LICENSURE**  
**LICENSED IN ANOTHER STATE (U.S. GRADUATE)**  
**\$150.00**  
**(Temporary License – Additional \$30)**

**INSTRUCTIONS:** Do not print this application double-sided. Do not use white-out. Any corrections to this form must be crossed out and initialed. Make check payable to: SLPAHADB.

**APPLICATION IS FORMATTED TO BE TYPED. MAY ALSO BE HANDWRITTEN LEGIBLY.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|-----------|
| 1. FULL NAME: LAST FIRST MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                |           |
| 2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                |           |
| 3. STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | CITY                           | STATE ZIP |
| 4. PERSONAL TELEPHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | BUSINESS TELEPHONE:            |           |
| 5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 6. DATE OF BIRTH (MM/DD/YYYY): |           |
| 7. EMAIL ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                |           |
| <b>EXPEDITE INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |           |
| 8. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED U.S. VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/><br>By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence <u>with the application</u> that the applicant is serving as an active duty member of the armed forces for the United States or was honorably discharged (DD-214).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |           |
| 9. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA? YES <input type="checkbox"/> NO <input type="checkbox"/><br>By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide satisfactory evidence <u>with the application</u> that you are married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the United States who is assigned to a duty station in California under official active duty orders; <u>and</u> 2) hold a current license in another state, district, or territory of the United States in audiology and provide evidence of the license <u>with the application</u> .                                                                                                                                                                                                                                                                                                                                                          |  |                                |           |
| 10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST WITH, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW.<br><br>Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/> <ul style="list-style-type: none"><li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;</li><li>• You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or,</li><li>• You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li></ul> If you selected yes, then you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays. |  |                                |           |
| 11. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, BEGINNING JULY 1, 2024, THE BOARD/BUREAU SHALL EXPEDITE THE INITIAL LICENSURE PROCESS FOR AN APPLICANT WHO IS AN ACTIVE DUTY MEMBER OF THE US ARMED FORCES AND ENROLLED IN THE US DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM.<br><br>Do you request expediting of your application under this authority? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If you select YES, you must attach documentation of enrollment to this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                |           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                      |                 |                      |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|-----------------|----------------------|----|
| EDUCATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                      |                 |                      |    |
| 12. LIST GRADUATE PROGRAMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |                 |                      |    |
| INSTITUTION NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY/STATE | MAJOR FIELD OF STUDY | DEGREE RECEIVED | DATE DEGREE RECEIVED |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                      |                 |                      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                      |                 |                      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                      |                 |                      |    |
| 13. EDUCATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                      |                 |                      |    |
| Master's Degree <input type="checkbox"/> Master's Degree Equivalency <input type="checkbox"/> Doctoral Degree <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                      |                 |                      |    |
| 14. EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                      |                 |                      |    |
| EMPLOYER'S ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                      |                 |                      |    |
| EXPERIENCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |                 | YES                  | NO |
| 15. Have you passed the Educational Testing Service (ETS)/National Teacher Examination (NTE) (The Praxis Series) in Audiology within the last five years?                                                                                                                                                                                                                                                                                                                                                                                                      |            |                      |                 |                      |    |
| a. If 15 is answered No, then: have you been continuously employed in the field for which licensure is sought working not less than (15) hours per week during the (3) years preceding the application filing while maintaining a license in the state where the applicant was employed?<br>If 15a is answered Yes, then submit an employment verification letter on company/school letterhead signed by the Employer or HR Director that includes job title, date range of employment, and hours worked per week.                                             |            |                      |                 |                      |    |
| b. If 15a is answered No, then have you completed continuing education related to audiologist in the last three (3) years?<br>If 15b answered Yes, then submit certificates of completed continuing education in audiology within the last 3 years.                                                                                                                                                                                                                                                                                                            |            |                      |                 |                      |    |
| 16. Have you ever been licensed to practice Speech-Language Pathology, Audiology, or Hearing Aid Dispensing in any other state or country?<br>If yes, list the state(s) or country: _____<br>If yes, list your license number(s): _____                                                                                                                                                                                                                                                                                                                        |            |                      |                 |                      |    |
| 17. In what state was your supervised professional experience or Externship Year?<br>State: _____ Year _____<br><br><i>If it was completed in California after June 30, 2003, then you may not qualify for this application option. Please complete and submit the RPE Verification Form.</i>                                                                                                                                                                                                                                                                  |            |                      |                 |                      |    |
| 18. Do you wish to dispense hearing aids?<br>If yes, then please also complete the <i>Hearing Aid Dispenser Application</i>                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |                 |                      |    |
| DISCIPLINARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                      |                 | YES                  | NO |
| <i>A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                      |                 |                      |    |
| 19. Have you ever been the subject of a disciplinary action of, or do you have any <i>pending</i> disciplinary action or charges filed against, any Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts license, including any disciplinary action taken by any other state or federal government entity? <i>This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i> |            |                      |                 |                      |    |
| 20. Do you have any pending investigations by any state or federal agencies against you?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                      |                 |                      |    |
| 21. Have you been denied a license to practice Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts, in any state or country?                                                                                                                                                                                                                                                                                                                                                                                                   |            |                      |                 |                      |    |
| 22. Have you voluntarily surrendered a license to practice Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts in any state or country?                                                                                                                                                                                                                                                                                                                                                                                        |            |                      |                 |                      |    |

You must report to the Board the result of any actions which have been filed, or are pending, against any audiology license you hold at the time of filing this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business and Professions Code.

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application or for suspension or revocation of a license.

---

Applicant's Signature

---

Date

**INFORMATION COLLECTION AND ACCESS:** The information requested on this application is mandatory and will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory, and collection is authorized by Business and Professions section 30. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of \$100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.