

**APPLICATION TO THE
NORTH DAKOTA STATE BOARD OF EXAMINERS
ON AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

Application for Licensure (please circle one): **AUD** **SLP** **SLPLA**

PERSONAL DATA:

Name: _____ Social Security No.: _____

Street Address: _____

City, State, Zip: _____

Home Phone: () _____ E-Mail Address: _____

Current Employer: _____

Address: _____

City, State, Zip: _____

Supervisor (SLPLA only): _____

Office Phone: () _____ E-Mail Address: _____

Birthdate: _____ Birth Place: _____

Sex (circle one): M F

U.S. Citizen (circle one): Yes No [If not a citizen, your Work Visa Number: _____]

EDUCATION:

University or College: _____

Address: _____

Dates Attended: _____ Degree & Date: _____ Major: _____

University or College: _____

Address: _____

Dates Attended: _____ Degree & Date: _____ Major: _____

University or College: _____

Address: _____

Dates Attended: _____ Degree & Date: _____ Major: _____

High School: _____

Address: _____

Graduation Date: _____

EMPLOYMENT HISTORY:

Name of Employer: _____

Address: _____

Dates of Employment: _____ Supervisor: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Dates of Employment: _____ Supervisor: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Dates of Employment: _____ Supervisor: _____

Reason for Leaving: _____

Please circle your response to the following questions. If "YES," please explain:

Has any state rejected your application or revoked your professional license or certificate? Yes No
Explanation:

Has any state, agency, or individual brought a disciplinary action or filed a complaint against you in regard to your professional actions? Yes No
Explanation:

Have you ever been convicted of a felony? Yes No
Explanation:

Were you previously licensed in North Dakota? Yes No
If "YES," explain why you are no longer licensed:

Are you currently licensed in any other state? Yes No
If "YES," which one/ones? _____

Are you applying for licensure through reciprocity? Yes No
If "YES," with which state? _____

If "YES," you must provide a copy of the laws and rules that were in effect in that State at the time you were granted that license.

AFFIDAVIT:

I, the undersigned, being sworn, depose and say that I am the person who executed this application; that the statements herein contained are true in every respect; that I have not suppressed any information that might affect this application; and that I will conform to the ethical standards established by the Board of Examiners on Audiology and Speech-Language Pathology for the State of North Dakota. I further state that I have read and understand this Affidavit.

SIGNATURE OF APPLICANT

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Seal)

SIGNATURE OF NOTARY PUBLIC

Transcript should be sent from the school where you received your Bachelor's, Master's or Doctorate degree directly to the Executive Secretary at the address below.

Please return your completed application, the \$100.00 fee, your test scores (if applicable), and proof of internship hours (SLPLA only) to:

NDSBE – Attn: Executive Secretary
402 East Main Avenue, Suite #5
PO Box 1338
Bismarck, ND 58502-1338
Phone: (701) 775-7165
Email: ndsbe.executivesecretary@gmail.com

~~~~~

**FOR BOARD USE ONLY**

Date Complete Application Received: \_\_\_\_\_ License No.: \_\_\_\_\_

Fee Paid/Check No.: \_\_\_\_\_ Date Granted: \_\_\_\_\_

National Exam Score: \_\_\_\_\_

Degree/University/Date: \_\_\_\_\_

Rejected: \_\_\_\_\_ REMARKS: \_\_\_\_\_

**SIGNATURE OF BOARD CHAIR:**

\_\_\_\_\_