

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

Application for Licensure (please circle one):

**AUD**

**SLP**

**PERSONAL DATA:**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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:**

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? \_\_\_\_\_

**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 Master's or Doctorate degree directly to the Executive Secretary at the address below.

Return application, \$100.00 fee, & test scores to: Beverly Solseng  
Executive Secretary, NDSBE  
PO Box 5143  
Grand Forks, ND 58206-5143  
Phone: (701) 775-7165

This form is now on the internet at the following address: [www.ndsbe.com/](http://www.ndsbe.com/)

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**FOR BOARD USE ONLY**

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

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

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

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

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

**SIGNATURES OF BOARD CHAIR:**

\_\_\_\_\_