

Board of Audiology

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense**AUDIOLOGIST LICENSE INSTRUCTIONS**Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Audiology. Questions regarding your application can be directed to the Michigan Board of Audiology at (517) 335-0918 four weeks after the date you sent the application. Please allow 6-8 weeks processing time.

AUDIOLOGIST – LICENSURE BY EXAMINATION

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. You must provide information regarding your qualifications in one of the following methods.

METHOD 1 – DOCUMENTATION FROM ORIGINAL SOURCE

- a. Have official transcripts of a master's or doctoral degree (Ph.D.) in audiology or a doctor of audiology (Au.D.) degree submitted directly to this office from an accredited educational program.
- b. If you do not have a doctor of audiology (Au.D.) degree, you must verify completion of at least 9 months of supervised clinical experience in audiology. The Clinical Audiology Work Experience form is attached. This form must be completed and sent to the Board directly from your supervisor.
- c. Arrange for a score report of either your PRAXIS Series II Test in Audiology or the National Teacher's Examination in Audiology to be forwarded to this office directly from ETS (1-800-772-9476 or go to www.ets.org/praxis for additional information). If you are registering with ETS for the Praxis Series II Examination, please use the recipient code 7430 to have your scores reported to the Michigan Board.

METHOD 2 – ASHA OR ABA CERTIFICATION

- a. Have American Speech Language Hearing Association (ASHA) or American Board of Audiology (ABA) verify your current or past certification with their organization by submitting the verification directly to this office. The verification must include your name, the date your certification was issued, the expiration date of your certification and it must specify that your certification was issued in Audiology. (You can contact ASHA at 301-897-5700, www.asha.org or ABA at 800-881-5410 or www.americanboardofaudiology.org)

4. Verification of licensure from any state where you hold or have ever held an audiologist license or registration must be provided directly to this office. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

AUDIOLOGIST - LICENSURE BY ENDORSEMENT: (You must be currently licensed in another state or Canada and the requirements for licensure must be substantially equivalent.)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Complete Part I of the enclosed Certification of Licensure by Endorsement form and forward this form to any state or province in which you were initially licensed. You may wish to check with that state or province as a fee is usually charged for this service.
4. Verification of licensure from any state where you hold or have ever held an audiologist license or registration must be provided directly to this office. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
5. If you are not currently licensed in another state or if the requirements of that state are not substantially equivalent to Michigan requirements, you must submit documentation as detailed in #2 and #3 of the audiologist instructions on page 1.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Audiology in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form (with supporting legal documentation) to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Audiology in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. **ORIGINAL FULL LICENSES ARE VALID FOR ONE YEAR OR LESS, SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.**

LIMITED AUDIOLOGIST LICENSE (For obtaining required supervised clinical experience in Michigan)

The limited license is intended for those applicants who have earned either a master's or doctoral degree (Ph.D) in audiology but who must still complete the 9 months of supervised clinical experience.

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Have official transcripts of a master's degree or doctoral degree (Ph.D.) in audiology submitted directly to this office from an accredited educational program.
4. Certification of appointment to a clinical situation where you will be working under the supervision of an individual licensed in this state. A Certification of Appointment form is attached. This form must be completed and sent to the Board directly from your supervisor.
5. Verification of licensure from any state where you hold or have ever held an audiologist license or registration must be provided directly to this office. Verification of licensure from any state where you hold or have ever held an audiologist license or registration must be provided directly to this office. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
6. If you transfer to a different supervised clinical situation, you must submit a new Certification of Appointment form.
7. The limited license is valid for one year from the date it is issued and is renewable on an annual basis. The limited license may be renewed no more than 3 times. You are required to work at least 15 hours per week while obtaining the supervised clinical experience.

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2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Audiology in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



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**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. MSP will charge for dual fingerprinting (transmission), etc.

Board of Audiology

P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE AS AN AUDIOLOGIST

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

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Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- Audiologist License by Examination Fee: \$ 270.00 71-1601-01
- Audiologist License By Endorsement Fee: \$ 270.00 71-1601-09
- Limited Audiologist License Fee: \$ 270.00 71-1601-03

Board Use Only
License Number: _____
Date of Licensure: _____

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number ()
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-Mail Address
Have you ever been certified by ASHA or AAA? <input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, list which certificate and date issued: _____		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, list Michigan Permanent I.D./License Number and Expiration Date: _____		

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totalling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Name

7. Have you ever had a federal or state audiologist license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No
9. Do you hold or have you ever held a permanent audiologist license in any state? If yes, list the state(s) in which you hold or have held an audiologist license, the license or registration number, the date issued, and how the license was obtained. **DO NOT LIST TEMPORARY LICENSES.** Yes No
You must have each state board verify licensure directly to this board office.
(Attach additional sheets, if necessary)

State	License/Registration Number	Date of Issue	How Obtained (Endorsement or examination)

**Provide a complete chronological record of your educational preparation.
 Attach additional sheets if necessary.**

Name and address of Institution	Dates of Attendance		Degree
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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www.michigan.gov/healthlicense

CLINICAL AUDIOLOGY WORK EXPERIENCE FORM

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

EXPERIENCE: If you have been certified by either the American Speech-Language-Hearing Association (ASHA) or the American Board of Audiology (ABA) or you have earned a doctor of audiology degree (Au.D.), you do not need to complete this form.

If you have a master's degree or a doctoral degree (**Ph.D.**) in audiology, you must submit verification of 9 months (1,080 hours) of clinical audiology experience earned under the supervision of a licensed or certified audiologist after you received your degree.

INSTRUCTIONS: Type or print your legal name exactly as it appears on your application. Send this form directly to your licensed or certified audiology supervisor for completion of Section II. **THIS FORM MUST BE SUBMITTED DIRECTLY TO THE MICHIGAN BOARD OF AUDIOLOGY BY YOUR SUPERVISOR.**

SECTION 1 - APPLICANT INFORMATION: Complete this section and forward to your supervisor.

Applicant's Name	Michigan Health Professional Permanent I.D./License Number (if applicable)	
U.S. Social Security Number	Telephone Number	

SECTION II - INSTRUCTIONS TO SUPERVISOR: Complete the remainder of this form and return it to the Board of Audiology at the address given above.

Supervisor's Name	Michigan Health Professional Permanent I.D./License Number (If applicable)	
Please answer the following questions about your credentials at the time you supervised the applicant.		
For work experience in Michigan:		
Were you a licensed audiologist in Michigan at the time you supervised the applicant?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Michigan Permanent I.D./License Number _____
For work experience in another state:		
Were you licensed or certified as an audiologist in the state where you were providing supervision?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
State _____	Type of License or Certificate _____	
Please answer the following questions about your supervision of the above named applicant's professional experience in the practice of audiology.		
What was your title at the time of supervision?		
What was the applicant's title at the time of supervision?		

Name

Describe Applicant's Duties _____ _____ _____ _____

I certify that _____ practiced audiology under my supervision at
(Applicant's Name)

_____ located at _____
(Name of Agency) (Address)

from _____ to _____ for a total of _____ hours.
(Month/Day/Year) (Month/Day/Year) (Minimum of 1080)

The Public Health Code requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant: 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.

Did your supervision fulfill this agreement? Yes No

Supervisor's Signature	Date
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Board of Audiology

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www.michigan.gov/healthlicense

**CERTIFICATION OF APPOINTMENT TO A
SUPERVISED CLINICAL EXPERIENCE IN AUDIOLOGY**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS TO APPLICANT FOR LIMITED AUDIOLOGIST LICENSE:

Complete Section I. Type or print your legal name exactly as it appears on your application. For Section II, send this form to be completed by the person qualified to supervise you where you have been appointed. This certification must be submitted to the Board of Audiology by the supervisor.

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name	
Social Security Number		Date of Birth	
Street Address			
City		State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)		

Signature of Applicant	Date
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE AUDIOLOGY CLINICAL SUPERVISOR FOR COMPLETION OF SECTION II.

Name

THIS SIDE TO BE COMPLETED BY THE AUDIOLOGY CLINICAL SUPERVISOR

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Audiology at the address shown on page 1 of this form.

SECTION II - CERTIFICATION OF APPOINTMENT TO CLINICAL EXPERIENCE SITUATION

Name of Organization or Individual Setting
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Street Address of Organization or Individual Setting
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City	State	Zip Code
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I certify that _____ has been duly
(Applicant's Name)

appointed to a position in the clinical area of Audiology beginning _____
(Month/Day/Year)

and ending _____ .
(Month/Day/Year)

I, _____, will serve as the supervisor for the clinical
(Name)
experience in audiology.

I am licensed as an audiologist in Michigan. Michigan Permanent I.D./License Number: _____

_____ Signature of Supervisor	_____ Date of Signature
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_____ Print or Type Name

Michigan Department of Licensing and Regulatory Affairs
Board of Audiology
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CERTIFICATION OF LICENSURE BY ENDORSEMENT

Authority: Public Act 368 of 1978, as amended
 if this form is not completed, a license will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to the state licensing agency for completion of Section II. This certification must be submitted directly to the Michigan Board of Audiology by the state licensing agency where you were originally licensed.

First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		
City		
State		ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	

Professional School Attended
Street Address
City
State
ZIP Code

Signature of Applicant	Date
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE LICENSING AGENCY IN THE STATE FROM WHICH YOU ARE ENDORSING FOR COMPLETION OF SECTION II OF THIS FORM.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

THIS SIDE TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE FROM WHICH THE APPLICANT IS ENDORSING

SECTION II - CERTIFICATION OF LICENSE INFORMATION

Please complete the following, noting any exceptions to the information requested. Return this completed certification directly to the Michigan Board of Audiology at the address shown on the reverse side of this form.

Applicant's Name as Licensed	
License Number	Date Issued
License Status	Expiration Date
<p>1. Has the applicant incurred any disciplinary proceedings in your state? (Please attach certified copies of any actions.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are disciplinary proceedings pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the applicant's license ever been limited, denied, surrendered, suspended or revoked? (Please attach certified copies of any actions.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

LICENSURE REQUIREMENTS

Licensure requirements in effect at the time applicant was licensed in your state:

Degree
 Master's Doctoral

Accredited School

ASHA Certification

ABA Certification

Licensure Exam - Please Specify Praxis Series II National Teacher's Examination in Audiology

Other: Please Specify _____

Please indicate which licensure requirements were met by this applicant:

Degree
 Master's Doctoral

Accredited School

ASHA Certification

ABA Certification

Licensure Exam - Please Specify Praxis Series II National Teacher's Examination in Audiology

Other: Please Specify _____

I verify that the information provided in this certification is true according to the records of this Board.

 Authorized Signature _____
 Date of Signature

 Print or Type Name and Title

(SEAL)

 State Board

Michigan Department of Licensing and Regulatory Affairs

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature_____
Date_____
Type or Print Name

(S E A L)

Title_____
Full Name of Licensing Board