



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0199
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR AUDIOLOGIST LICENSES

Authority: 1978 PA 368

(This Form Should Not Be Used For License Renewal)

Print or Type Clearly

Applicant's Legal First Name	Legal Middle Name	Legal Last Name	
U.S. Social Security Number	Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY	
Audiologist – By Endorsement \$292.05 1601-09 Audiologist – By Exam \$292.05 1601-01 Audiologist – Relicensure \$312.05 1601-06	License Number	Issue Date
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.		

LARA/BPL-AUDAPP (Rev. 9/19)

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.

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Education Program	Graduation Date

License(s) in Other State(s) and/or Country

List each state or country where you have ever held an audiologist license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. This includes ASHA and ABA certifications. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or disciplinary proceedings against a license or registration, you must submit documentation that sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How obtained (examination, endorsement)	Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings? (If yes, be specific).

THIS SECTION IS FOR RELICENSURE APPLICANTS ONLY

If your license expired **WITHIN THE LAST THREE YEARS**, have you obtained the 20 hours of board-approved continuing education within the two year period immediately preceding this application for relicensure?

If your license expired **MORE THAN THREE YEARS AGO**, check the appropriate box below and follow the instructions given:

I hold a current license/registration in the following state _____.

I do not hold a current Audiology license/registration in another U.S. Jurisdiction and must take and pass the Praxis Series II Examination.

***Relicensure** – You may only apply for relicensure if you are reactivating a lapsed license. If your license is still active, you must renew at www.michigan.gov/elicense.

Good Moral Character Questions

Have you ever been convicted of a felony?	Yes	No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	Yes	No

If you answer “yes” to either question, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, and documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

CERTIFICATION AND SIGNATURE

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, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

Signature

Date

ADDITIONAL DOCUMENTS AND/OR INFORMATION

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (**except those applicants seeking relicensure, if the license expired within the last three years**).
- Transcripts may be submitted via e-mail at bpldata@michigan.gov by the required authorities. Administrative Rules including Continuing Education Requirements can be found at www.michigan.gov/bpl. Click the “Resources” box, then “Administrative Rules”.

AUDIOLOGY BY ENDORSEMENT

- You must hold a current and unencumbered registration or license as an audiologist in another state.
- The requirements of the state you were initially licensed in must be substantially equivalent to Michigan requirements or you will be required to apply by exam.

AUDIOLOGY BY EXAMINATION

- 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.
- If you do not have an Au.D., you must verify completion of at least 9 months of supervised clinical experience in audiology. The Clinical Audiology Work Experience form must be completed and submitted directly to this office by your supervisor.
- Arrange for a score report of either your PRAXIS Series II Test in Audiology or the National Teacher Examination in Audiology to be forwarded to this office directly from ETS at www.ets.org/praxis. If you are registering with ETS for the Praxis Series II Examination, use the recipient code 7430 to have your scores reported to this office.

OR

- Have the American Speech Language Hearing Association (ASHA) or the American Board of Audiology (ABA) verify your current or past certification with their organization by submitting 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 in Audiology.

AUDIOLOGIST RELICENSURE

If your license expired **LESS** than 3 years ago, you must either:

- Hold a current and unencumbered registration or license as an audiologist in another state.

OR

- Provide documentation of completion of at least 20 hours of board approved continuing education in the 2 years immediately preceding the date of application for relicensure.

If your license expired **MORE** than 3 years ago, you must either:

- Hold a current and unencumbered registration or license as an audiologist in another state.

OR

- Provide documentation of passing the Praxis Series II Examination in Audiology within the 2 years immediately preceding the date of application for relicensure. Information regarding the exam may be obtained from www.ets.org.