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

CLINICAL AUDIOLOGY WORK EXPERIENCE

Authority: 1978 PA 368

This form must be submitted directly to this office by the supervisor who is verifying your clinical audiology experience.

To be Completed by Applicant:

Applicant's Legal First Name	Legal Middle Name	Legal Last Name	Date of Birth (MM/DD/YYYY)
Street Address			
City		State	Zip Code
Telephone Number		E-mail Address	
Applicant Signature			Date

To be Completed by Supervisor:

CERTIFICATION AND SIGNATURE

I certify the applicant named above practiced audiology under my supervision as defined in MCL 333.16109(2)(b)

beginning on _____ and ending on _____.
(Month/Day/Year) (Month/Day/Year)

at _____
(Name of Agency)

located at _____
(Street Address of Agency)

_____
(City) (State) (Zip Code)

_____ _____
Signature and Title Date

_____ _____
Print or Type Name Type of License/Registration held and State held in

LARA/BPL-AUDIOLOGYCLINEXP (10/2019)