



SLP/A Licensing
Health Occupations Program
 P.O. Box 64882
 St. Paul, MN 55164-0882
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(For MDH Office Use Only)
 Date Received

SLP/Aud Temporary License Application: Persons Credentialed by ASHA, ABA or Other States

NOTICE TO APPLICANTS: This notice is given pursuant to Minnesota Statutes, §13.04, Subd. 2, and §13.41, Subd. 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information provided in this application to determine if you meet Minnesota Statutes §§148.511 to 148.5198 requirements for a license. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. When you become licensed the application data becomes public. Information submitted to the Commissioner in your license application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, the Speech-Language Pathology and Audiology Advisory Council, staff of the Attorney General's office; and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

INSTRUCTIONS: To obtain a Temporary License, complete and sign Part I of this form and mail it to the Health Occupations Program at the above address along with a check or money order for \$50.00 if applying for speech-language pathology temporary license or \$79.00 if applying for audiology temporary license. Make your check or money order payable to Treasurer, State of Minnesota. Include a copy of your current ASHA or ABA certification or a credential from another state in which you are registered, certified or licensed. If you are applying for audiology licensing, you must take and pass the hearing instrument dispenser practical examination before you are eligible for licensing. If you have not taken and passed the examination and you want to dispense hearing instruments with a temporary audiology license, you must be supervised by a licensed audiologist who dispenses hearing instruments, and you must have the supervisor complete Part II of this application.

PART I. To be completed by Applicant

PLEASE PRINT OR TYPE:

Application for Temporary Licensing as (check one): Speech-Language Pathologist Audiologist Dual

Applicant Name: _____
Last Name First Name Middle Name

Have you ever used another name under which records may be filed concerning your application, including your education, training or experience? Yes No If yes, please list name(s) used. _____

Home Address: _____ Home Telephone: (____) _____
Street City State Zip

Email Address _____ Fax Number _____

Employment/Business Name: _____ Telephone:(____) _____

Employment Address: _____
Street City State Zip

Employment Start Date: _____ Position Title: _____

Designated address at which you would like to receive correspondence regarding your license from the MDH/Health Occupations Program and which is public data (check one only):

Home Employment Other (please specify) _____

PART I. To be completed by Applicant, Cont'd.

If applying for temporary Audiologist licensing, have you passed the Minnesota practical examination for hearing instrument dispensing required under Minnesota Statute Section 148.515, Subd. 6 (c)? ___ Yes ___ No ___ N/A. If no, you must obtain a supervisor and complete Part B below in order to dispense hearing instruments with a temporary Audiology license.

APPLICANT AFFIRMATION OF UNRESTRICTED CREDENTIAL: I hereby make application for a temporary license. I understand that a temporary license expires 90 days after issuance and that to continue practicing and using a protected title, I must apply for and obtain either 1) a renewal of my temporary license or 2) full licensed status as a speech-language pathologist and/or audiologist. By signing below, I certify that:

- 1) I have read and will comply with the requirements of Minnesota Statutes §§148.511 to 148.5198;
- 2) I am not the subject of a pending investigation or disciplinary action for speech-language pathology or audiology practice in this or any other state or by the American Speech-Language Hearing Association (ASHA), and;
- 3) I have not been the subject of a disciplinary action for speech-language pathology and/or audiology practice in this or any other state or by the American Speech-Language Hearing Association and/or American Board of Audiology.

I understand that approval of a temporary license and status as a temporary licensee creates no rights to or expectation of approval of the Minnesota Department of Health for a license as a speech-language pathologist and/or audiologist.

Applicant Signature

Date

PART II. To be completed by Supervisor

PLEASE PRINT OR TYPE:

Name of Supervisor

Supervisor's Minnesota Audiology License #
or Other State Audiology-dispensing #

Employment/Business Name: _____

Employment

Address: _____
Street City State Zip

Telephone: (_____) _____ Fax Number: (_____) _____

Employment Start Date: _____

Hearing Instrument Dispenser Certification # if Certified _____.

SUPERVISOR AFFIRMATION: I certify that I am a Licensed audiologist in the State of Minnesota and will be the supervisor of the above-named applicant who has applied for temporary licensing. I have read Minnesota Statutes, § 148.5161 and will provide supervision consistent with Subdivision 3. I understand that temporary licensing expires 90 days from issuance. Furthermore, I understand that I am the responsible supervisor for the above applicant until the Minnesota Department of Health receives my written and signed statement that I wish to cease supervision or until expiration of temporary licensing.

Signature of Supervisor

Date

Upon request, this information will be made available in alternative format; for example, large print, braille, or cassette tape.

Revised 6/2009