

**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

Return application, \$100.00 fee, & test scores to: Beverly Solseng
Executive Secretary, NDSBE
Education Building Room 212
231 Centennial Drive Stop 7189
Grand Forks, ND 58202-7189
Phone: (701) 777-4421

This form is now on the internet at the following address: www.und.edu/dept/ehd/NDSBE/

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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 MEMBERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_