

STATE OF NORTH CAROLINA  
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS  
POST OFFICE BOX 16885, GREENSBORO, NORTH CAROLINA 27416-0885  
TELEPHONE 336-272-1828 Email: [scapps@ncboeslpa.org](mailto:scapps@ncboeslpa.org)  
Website: [www.ncboeslpa.org](http://www.ncboeslpa.org)

**APPLICATION FOR TEMPORARY LICENSURE IN AUDIOLOGY**  
**INSTRUCTIONS TO APPLICANTS**

**NOTE TO APPLICANTS:** The most common reason for delay in the consideration of an application is error in completing the application accurately, providing the required information, and not following the instructions. Error can be avoided if you proceed in the application process carefully, thoroughly, and accurately. **IMPROPERLY COMPLETED APPLICATIONS WILL BE RETURNED.** If you have questions or need assistance, call the Board of Examiners at the above listed number.

1. Persons seeking temporary license in audiology must complete all Sections of the application and have the application signed by their Program Director. They must also provide
  - a. **Official (not student copy) transcripts** verifying all coursework listed on the application form. **Course titles on the transcript which do not indicate the course content must be clarified by providing a copy of the university catalogue description of the courses** ( e.g. Seminar in Audiology, Advanced Audiology, etc.). Notations of clinical supervisors in Section III **must include FIRST NAME, LAST NAME, AND N.C. LICENSE NUMBER OR ASHA IDENTIFICATION NUMBER** of all supervisors.
  - b. Applicants for a temporary license (Section 90-298) must submit a plan for supervision during the supervised experience year [Section 90-295(d)] on the form supplied by the Board. This plan does not need to be submitted at the time the application is submitted for review of the academic and clinical practicum work. However, **the plan must be approved by the Board before the applicant can be granted a temporary license and before the applicant can begin any practice.** The applicant has six months to obtain employment and submit a plan for supervision, after which your application becomes inactive. If your file becomes inactive, you must submit a new application. SEY plans can be approved by the Board's office and do not have to be reviewed at Board meetings. If the plan is faxed to the office, the original copy must be in the Board's office within ten days of the fax.
  - c. Examination: Applicants must provide an official copy of their passing score on the area examination section of the Praxis (same exam as required by ASHA). The passing score is 600. **This must be provided before the temporary license can be issued.**
  - d. **Applicants must submit a verified clinical clock hour sheet, signed by the clinic or program director.**
2. **All applications must be accompanied by an application fee of \$30.00 and temporary license fee of \$40.00.** Send only checks or money orders made payable to the Board of Examiners for SLPA. New licenses and license renewal receipts will not be issued until the remitted checks have cleared the bank. The only exceptions will be those fees that are paid with money orders or certified checks.

<b><u>FEES:</u></b> APPLICATION FEE.....	\$30.00
TEMPORARY LICENSE FEE (SEY).....	\$40.00
PERMANENT LICENSE FEE.....	\$60.00
ANNUAL RENEWAL LICENSE FEE.....	\$60.00
DELINQUENCY PENALTY FEE.....	\$25.00
DUPLICATE LICENCE.....	\$10.00
SERVICE CHARGE FOR RETURNED CHECKS.....	\$25.00
VERIFICATION OF N.C. LICENSE TO OTHER STATES.....	\$15.00

**RETURNED CHECKS ARE SUBJECT TO A \$25.00 SERVICE CHARGE.**

STATE OF NORTH CAROLINA  
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND  
AUDIOLOGISTS

**Application for Temporary License in AUDIOLOGY**

**Each question must be answered. Please type or print clearly in ink.**

**SECTION I**

Ms.  
Mr.  
NAME: Dr.

\_\_\_\_\_

(First) (Middle or Maiden) (Last)

**PREFERRED MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

(City) (State) (ZIP Code)

**TELEPHONE:** Home ( ) Business: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **Work Site Address:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**Please list other languages in which you are fluent:** \_\_\_\_\_

**PRAXIS EXAMINATION SCORE:** \_\_\_\_\_ **(Official copy must be submitted with the application form)**

**EDUCATION**

College or University	Major	Degree	Date

**I have read Article 22** - Licensure Act for Speech and Language Pathologists and Audiologists and agree to abide by the Code of Ethics as outlined in Section .0300. Further, I certify that all information provided in this application is correct.

\_\_\_\_\_  
Applicant's Signature Date

**IT IS BOARD POLICY NOT TO GIVE VERBAL INFORMATION CONCERNING BOARD  
ACTIONS ON APPLICATIONS IN ADVANCE OF WRITTEN NOTICE.**

**SECTION II – ACADEMIC COURSEWORK**

All coursework is to be listed in **semester hours**. For those who Received quarter hours instead of semester hours, use conversion chart on right.

**CONVERSION CHART**

1 quarter hour = 2/3 semester hour  
 2 quarter hours = 1 1/3 semester hours  
 3 quarter hours = 2 semester hours  
 4 quarter hours = 2 2/3 semester hours

**A. BASIC COMMUNICATION PROCESSES**

Courses providing **FUNDAMENTAL** information applicable to **NORMAL** development and use of speech, hearing, and language. A minimum of fifteen (15) semester hours is required and must include course work in each of the three areas noted below.

	College/ University	Course Number	Course Title	Completion Date	Check if Graduate Level Course	Semester Hours
Anatomic & Physiologic Bases <b>(min. = 3 s.h.)</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Communication Sciences <b>(min. = 3 s.h.)</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Linguistic & Psycholinguistic Variables <b>(min. = 3 s.h.)</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

**TOTAL SEMESTER HOURS**  
**(15 Semester Hour Minimum)** \_\_\_\_\_

**B. PROFESSIONAL COURSE WORK**

If you are applying for a license in **AUDIOLOGY**, at least 30 of the minimum required total of 36 semester hours is required in the major areas of auditory pathology and habilitation/rehabilitation. This must included at least a minimum of six hours in auditory pathology and a minimum of six hours in habilitation/rehabilitation. A maximum of six academic semester credit hours associated with clinical practicum may be counted toward the 36 hour requirement. An abstract of the thesis must be submitted if credit is requested. In addition, six of the 36 semester hours of professional coursework must be in speech-language pathology with at least three hours in speech disorders and at least three hours in language disorders.

**AUDIOLOGY COURSEWORK**

	<b>College University</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Completion Date</b>	<b>Check if Graduate Level Course</b>	<b>Semester Hours</b>
<b>Auditory Pathology (min. = 6 s.h. for license in Audiology)</b>						
<b>Habilitation/ Rehabilitation (min. = 6 s.h For license in Audiology)</b>						
<b>Clinical Practicum (maximum 6 s.h.)</b>						

**TOTAL SEMESTER HOURS**  
**(30 Semester Hour Minimum)** \_\_\_\_\_

**C. SPEECH-LANGUAGE PATHOLOGY COURSEWORK**

College University	Course Number	Course Title	Completion Date	Check if Graduate Level Course	Semester Hours
Speech Disorders (min. = 3 s.h. for license in Audiology)					
Language Disorders (min. = 3 s.h. for license in Audiology)					

**TOTAL SEMESTER HOURS**  
(6 Semester Hour Minimum) \_\_\_\_\_

**D. RELATED AREAS**

**Courses providing information RELATED to the management of speech, language and hearing disorders. (i.e. Exceptional Children, Child Behavior Management, Advanced Psychology Courses)**

College/University	Course Number	Course Title	Completion Date	Check if Graduate Level Course	Semester Hours

**TOTAL SEMESTER HOURS** \_\_\_\_\_

**SUMMARY OF ACADEMIC COURSEWORK SEMESTER HOUR TOTALS**

- A. Basic Communication Processes Semester Hour Total (page 3).....(minimum 15 s.h.)
- B. Professional Areas:
  - Audiology Semester Hour Total (page 4).....(minimum 30 s.h.)
  - Speech and Language Pathology Semester Hour Total (page 4).....(minimum 6 sh.)
- C. Related Area Semester Hour Total (page 4).....
- OVERALL SEMESTER HOUR TOTAL** (Total of A, B, and C above) .....(minimum 90 s.h.)

**SECTION III – ACADEMIC AUDIOLOGY CLINICAL PRACTICUM**

**Audiology applicants must have completed a minimum of 350 supervised patient hours before applying for a temporary license for the fourth year internship. Each applicant must submit a verified clinical clock hour sheet, signed by the clinic or program director in addition to completion of this application form. Applicant must remain a full-time student and change in status must be reported to the Board of Examiners. These hours MUST HAVE BEEN SUPERVISED BY N.C. LICENSED OR ASHA CERTIFIED AUDIOLOGISTS.**

**Evaluation:**

**Total Hours Pediatric Evaluation:**   
**(Minimum 100 hours)**

**Total Hours Adult Evaluation:**   
**(Minimum 100 hours)**

**Supervision of Evaluation Hours**

<b>Supervisor</b>	<b>N.C. License or ASHA Account#</b>	<b>Site</b>	<b>Adult or Child</b>	<b># of Hours</b>

**Treatment:**

**Total Hours Amplification:**   
**(Minimum 80 Hours)**

**Total Hours Aural Rehabilitation:**   
**(Minimum 25 Hours)**

**Supervision of Treatment Hours**

<b>Supervisor</b>	<b>N.C. License or ASHA Account#</b>	<b>Site</b>	<b>Adult or Child</b>	<b># of Hours</b>

**TOTAL OBERVATION HOURS:**  **TOTAL GRADUATE LEVEL:**  **TOTAL HOURS:**   
**(Minimum 350 Hours)**

**PROGRAM DIRECTOR'S RECOMMENDATION:**

This applicant's master's/doctoral degree will be/was officially conferred by this institution on \_\_\_\_\_.  
(Circle one) (Circle one)

This student has passed the comprehensive examination: Yes \_\_\_\_\_ No \_\_\_\_\_

As the Director of the program in which this applicant received the major portion of his/her professional training, I recommend that a license be granted if and when all requirements are met by the applicant.

Comment:

Signature of Program Director: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

**Mail the completed application to: N. C. Board of Examiners for SLP & AUD  
PO Box 16885  
Greensboro, NC 27416-0885**