



**Texas Department of Licensing and Regulation**

PO Box 12057 • Austin, Texas 78711-2157

(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871

www.tdlr.texas.gov • cs.speech@tdlr.texas.gov

**APPLICATION FOR A TEMPORARY CERTIFICATE OF REGISTRATION IN AUDIOLOGY  
INSTRUCTIONS**

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. NAME – Write your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. NAME ON TRANSCRIPT(S) – If the name is different from item 1 enter them in this field.
3. DATE OF BIRTH – Write your birthdate.
4. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
5. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
6. PERSONAL PHONE NUMBER – Write your telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. BUSINESS PHONE NUMBER - Write the telephone number, including the area code, of the business listed.
8. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
9. POSSESS A PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRATION ISSUED BY ANOTHER STATE, JURISDICTION OR TERRITORY - Indicate by checking box Yes or No. If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address (s) of the jurisdiction(s) issuing the license(s) or certificate(s).
10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or Registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary_Action_Questionnaire.pdf).
11. VOLUNTARILY SURRENDERED ANY PROFESSIONAL LICENSE OR CERTIFICATE – Indicate by checking the box Yes or No. If yes, briefly describe:
12. CURRENT EMPLOYMENT – Please list the contact information for your current employer.
13. ACADEMIC TRAINING - List all colleges and universities attended and attach additional pages if necessary.

14. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf).

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm).

15. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application.

**CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION AND FEE:**

- Submit a Course Work and Clinical Experience Form completed by the university program director or designee of the college or university attended which verifies the applicant has successfully completed all requirements for the doctoral degree, and is only awaiting the date of next graduation for the degree to be conferred.**
- Submit an original or certified copy of the transcript(s) showing the conferred degree of all relevant course work which also verifies that the applicant possesses a minimum of a doctoral degree with a major in audiology or a related hearing science.**
- Report of Completed Audiology Internship Form completed by the applicant's department-approved supervisor and signed by both the applicant and the department-approved supervisor.**
- If the internship was completed out-of-state, the following documents regarding the supervisor must be submitted:**
  - a copy of the supervisor's diploma or transcript showing a master's or doctoral degree in one of the areas of areas of communicative sciences or disorders; and**
  - one of the following:**
    - (i) if that state requires licensure, a copy of the supervisor's valid license to practice in that state; or**
    - (ii) if that state does not require licensure, an original letter from ASHA stating the supervisor held the Certificate of Clinical Competence when the applicant completed the internship.**
- Texas Jurisprudence Exam.** Please submit a copy of your certificate of completion. This is a no fail exam over the rules and laws.
- Attach a Temporary Supervisory Form completed by the proposed department-approved supervisor and signed by both the applicant and the proposed department-approved supervisor.**
- An applicant must successfully pass a criminal history background check.**

**Note: This application is only for an intern that has NOT completed the Praxis examination with a passing score. If you have not passed the Praxis examination you will need to apply for the Temporary Certification of Registration in Audiology license.** Be sure to read §111.100 to be sure you understand the special requirements. This certificate will expire eight weeks after the next scheduled examination. This certification is NOT RENEWABLE **(there is no extension or grace period)** and you may not apply for another Temporary Certificate. If you pass the Praxis, you must apply for a full license under §111.70 before the Temporary Certificate of Registration in Audiology expires. If you do not pass the Praxis, you must apply for an Assistant license and you must be supervised according to the supervision requirements of an Assistant.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

**DEFAULT ON STUDENT LOANS**

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: [cust.assist@tgslc.org](mailto:cust.assist@tgslc.org).**



**APPLICATION FOR A TEMPORARY CERTIFICATE  
 OF REGISTRATION IN AUDIOLOGY**

DO NOT WRITE ABOVE THIS LINE

**APPLICATION FEE: \$55.00  
 (FEE IS NON-REFUNDABLE)**

**This completed form must be accompanied by all required documents and the application fee**

1. Name:

Last Name	First Name	Middle Name	Suffix
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2. Name on transcript(s): (if different from #1)

Last Name	First Name	Middle Name
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3. Date of Birth:	4. Social Security Number:			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Day</td> <td style="width:34%; text-align: center;">Year</td> </tr> </table>	Month	Day	Year	See Instruction Sheet for Disclosure Information
Month	Day	Year		

5. Email Address:	6. Personal Phone Number:	7. Business Phone Number:				
Ex: <a href="mailto:john.doe@aol.com">john.doe@aol.com</a> See Instruction Sheet for Disclosure Information	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Area Code</td> <td style="width:50%; text-align: center;">Number</td> </tr> </table>	Area Code	Number	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Area Code</td> <td style="width:50%; text-align: center;">Number</td> </tr> </table>	Area Code	Number
Area Code	Number					
Area Code	Number					

8. Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City	State	Zip Code
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9. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory?  Yes  No

If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license, or certificate, or registration number(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).

10. Have you ever had a professional license, certification, or registration suspended, canceled, revoked or denied in any state?  Yes  No

**If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.**  
 This does **not** include your driver license.

11. Have you ever voluntarily surrendered any professional license, or certificate, or registration?  Yes  No

If answer is yes, briefly state the type of license, or certificate, or registration, the name and address of the agency that issued the license certificate and the reasons.

**EMPLOYMENT**

12. Current Employment Contact Information

- Place of Employment:
- Telephone Number (include area code):
- Address (include zip code):
- Job Title:
- Beginning (Mo/Yr.):

**ACADEMIC TRAINING**

13. Academic Training: (List all colleges and universities attended and attach additional pages if necessary)

• Name of College/University/Institution:

• Location (city, state, zip):

• Inclusive dates attended,  
Begin (Mo/Yr.):

• End (Mo/Yr.):

• Type of Degree  
Granted:

• Major  
Field:

• Name of College/University/Institution:

• Location (city, state, zip):

• Inclusive dates attended,  
Begin (Mo/Yr.):

• End (Mo/Yr.):

• Type of Degree  
Granted:

• Major  
Field:

• Name of College/University/Institution:

• Location (city, state, zip):

• Inclusive dates attended,  
Begin (Mo/Yr.):

• End (Mo/Yr.):

• Type of Degree  
Granted:

• Major  
Field:

14. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes  No

**If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.**

**See instructions sheet for more information**

15. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Speech-Language Pathology and Audiology Act; Texas Occupation Code, Chapter 401 and Chapter 51; Texas Administrative Code, Chapter 111; and the Speech-Language Pathology and Audiology Administrative Rules, I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature \_\_\_\_\_

Date \_\_\_\_\_