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

AUDIOLOGY APPLICATION INSTRUCTIONS (INCLUDING ASHA OR ABA WAIVER)

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, complete 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 a 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, OR 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), or registration(s).
10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional 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.
11. VOLUNTARILY SURRENDERED ANY PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION – 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.

    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.

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 your original or certified copy of the transcript(s) showing a doctoral degree has been conferred and required audiology course work. The transcript cannot be faxed.** Electronic university transcript(s) will be accepted if emailed to cs.speech@tdlr.texas.gov from the university's secure site. We do not accept electronic transcripts from the applicant.
- ☐ **Texas Jurisprudence Exam.** Please submit a copy of your certificate of completion. This is a no fail exam over the rules and laws.
- ☐ **Fingerprints.** An applicant for an audiology license must submit a completed legible set of fingerprints, on a form prescribed by the department, to the Department of Public Safety for the purpose of obtaining criminal history record information. An applicant must successfully pass a criminal history background check.

Current Texas intern in audiology license holders:

- ☐ **Report of Completed Audiology Internship Form.** If the applicant currently holds a Texas intern in audiology license, a 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.

Out-of state intern in audiology license applicants:

- ☐ A copy of the supervisor's diploma or transcript showing a master's or doctoral degree in communicative sciences or disorders; and
- ☐ One of the following:
  if that state requires licensure, a copy of the supervisor's valid license to practice in that state
  or
  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.

If applying for licensure by ASHA Certificate of Clinical Competence or the ABA Certification, please submit:

- ☐ An original or certified copy of a signed letter from ASHA or ABA which verifies the applicant currently holds the ASHA Certificate of Clinical Competence or ABA Certification in the area of audiology.
- ☐ 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 in audiology or a related hearing science; however, an applicant whose transcript is in a language other than English shall submit an original evaluation form from an approved credentialing agency.
- ☐ The Texas Jurisprudence Exam certificate of completion, proof of fingerprint submission, and fees.

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.**

TEXAS DEPARTMENT OF PUBLIC SAFETY (DPS) CRIME RECORDS SERVICE

Access & Dissemination Bureau

PROCEDURE TO ACCESS CRIMINAL HISTORY RECORD INFORMATION (CHRI) FOR DEPARTMENT OF LICENSING & REGULATION SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY PROGRAMS

FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS Fingerprint Applicant Services of Texas (FAST) locations operated by IdentoGO. FAST are available by scheduling an appointment on-line at https://uenroll.identogo.com/servicecode/11G2VS or by calling 1-888-467-2080. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses.

1. SCHEDULING YOUR FINGERPRINT APPOINTMENT:

Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at https://uenroll.identogo.com/servicecode/11G2VS or by calling 1-888-467-2080.

When Scheduling Online:

a) Select **Schedule Appointment**.
b) Follow the prompts to enter requested information.
c) Select a location nearest to you and a convenient date and time.
d) Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

When Scheduling Over the Phone:

a) Have the Texas Fingerprint Service Code form before calling MorphoTrust.
b) MorphoTrust will prompt you for the service code.
c) The service code for a personal review is **11G2VS.**
d) The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.
e) You will select a location nearest to you for your fingerprint appointment.
f) Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

2. YOUR FINGERPRINT APPOINTMENT:

a) Arrive at your scheduled appointment with your photo identification and fee payment.
b) If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: http://www.l1enrollment.com/state/forms/tx/55fc619a7f7aa.doc
c) MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.

Please note that personal checks and cash will not be accepted.

d) Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
e) At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
f) **Do not throw away the receipt**. You will need to submit the receipt with your license application.
g) You may check status on your submission by clicking on this link: https://uenroll.identogo.com/servicecode/11G2VS

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST: <u>If applying from out-of-state, you must follow this process</u>. The following process must be followed to submit fingerprint hard cards to MorphoTrust. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-5079.

1. PRE-ENROLL YOUR FINGERPRINT HARD CARD SUBMISSION:

When Registering Online:

a) You may begin the process now by clicking on this link: https://uenroll.identogo.com/servicecode/11G2VS
b) Choose "Submit a Fingerprint Card by Mail".
c) Complete Person Information and Designated Recipient screens.
d) Complete payment screen.
e) Print the confirmation document (contains bar code).
f) Sign the waiver and fill in contact information.

When Registering Over the Phone:

a) You may contact MorphoTrust at 888-467-2080.
b) Please have the TX Fingerprint Service Code form before you call –MorhphoTrust will prompt you for the Service Code.
c) Your Service Code is **11G2VS.**
d) Inform the MorhpoTrust representative that you wish to pre-enroll for a "hard card submission".
e) Once payment is complete a summary confirmation document will be emailed to you.
f) Print the confirmation document, sign the waiver and fill in the contact information.
g) Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation page.

PAY BY CREDIT CARD, BUSINESS CHECK OR MONEY ORDER

During your registration you will be provided an opportunity to make your payment by credit card or to elect to mail in your payment by business check or money order made out to MorphoTrust USA with your submission.
<u>* No Personal Checks will be accepted</u>

3. COMPLETE THE FINGERPRINT CARD:

The following information must be completed on the fingerprint card:

a) Printed last name, first name, middle name of individual, including all alias names.
b) Sex, race, date of birth, Social Security Number.
c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit https://uenroll.identogo.com/servicecode/11G2VS or call 1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

The cost for obtaining an ink card may vary and is not included in the Texas Background check fingerprint registration process or fee. **Cards <u>must</u> be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.**

4. SUBMISSION:

Mail the completed Personal Review Service Code Form, completed fingerprint card and payment (if applicable) to:

MorphoTrust USA Texas Card Scan
3051 Hollis Dr, Ste 310
Springfield, IL 62704

IdentoGO
By MorphoTrust USA

Texas Fingerprint Service Code Form

TDLR - Speech-Language Pathology

Service Name: TDLR - Speech-Language Pathology

To schedule your ten-minute fingerprint appointment, simply visit **https://uenroll.identogo.com** and enter the following Service Code

11G2VS

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080

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AUDIOLOGY APPLICATION (INCLUDING ASHA OR ABA WAIVER)

DO NOT WRITE ABOVE THIS LINE

APPLICATION FEE: $150.00
(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

2. Name on transcript(s): (if different from #1)

Last Name | First Name | Middle Name

3. Date of Birth:

Month Day Year

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Email Address:

Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

6. Personal Phone Number:

Area Code Number

7. Business Phone Number:

Area Code Number

8. Mailing Address:

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

City State Zip Code

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, or certificate, or registration, 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 _____