



**APPLICATION FOR REGISTRATION as an AUDIOLOGY ASSISTANT
or
REINSTATEMENT of an AUDIOLOGY ASSISTANT REGISTRATION**

**GEORGIA STATE BOARD OF SPEECH-LANGUAGE PATHOLOGY and AUDIOLOGY
237 Coliseum Drive * Macon, Georgia 31217**

Phone (404) 424-9966 * [Board of Speech Pathology and Audiology | Georgia Secretary of State \(ga.gov\)](http://www.sos.ga.gov/plb/speech)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech-Language Pathology/Audiology in the State of Georgia. Visit the following web site for information: <http://www.sos.ga.gov/plb/speech>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Please mail in a 9 X 12, or larger, envelope with pages unfolded and unstapled. Incomplete applications result in delayed processing. Incomplete applications are void and withdrawn after sixty (60) days pursuant to administrative policy.

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

FEE: The **\$50.00 non-refundable** application fee payable to **Georgia State Board of Speech-Language Pathology/Audiology** must be included with application.

(Application fee includes a \$10 mail in application processing fee)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20

- APPLICATION:** pages 2 - 6 of the application must be mailed to the Board's office at the address listed above, along with the required fee. **Page 7, Form C will be submitted at the end of your training by the Supervisor.** All questions must be answered. Any question answered "yes" requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of registration is at the Board's discretion.
- EDUCATIONAL REQUIREMENTS:** The applicant must submit a copy of the high school diploma or GED Certificate, and **one of the following:**
- College transcript; or,
 - Certification in Health Care from a technical school approved by the Board; or,
 - Certification of completion of an Audiology Assistant Program approved by the Board.
- JOB DESCRIPTION:** A job description listing the specific duties and activities to be performed by the Audiology Assistant (see Form B).
- SUPERVISOR'S DUTIES:** The supervisor must:
- Assist applicant in completing and submitting the attached Form A, Audiology Assistant Supervisor and Form B, a description of a minimum of 40 hours of proposed instruction in specific duties and activities the assistant will perform, with this initial application.
 - Once the training program is completed, submit within 30 days of completion Form C, the Record of Supervision and the Supervisor Verification Statement.**
 - Retain documentation of the indirect or direct supervisory activities for two years.

OTHER LICENSURE or REGISTRATION

Yes No Have you ever been licensed or registered as a Speech-Language Pathologist, Audiologist, Speech-Language Pathology Aide or Audiology Assistant in any state? If "yes," complete below.

SPEECH-LANGUAGE PATHOLOGIST _____
State License # Expiration Date

AUDIOLOGIST _____
State License # Expiration Date

SLP AIDE _____
State License # Expiration Date

AUDIOLOGY ASSISTANT _____
State License # Expiration Date

PROFESSIONAL BACKGROUND:

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS

IF YOU ANSWER "YES," TO ANY OF THE FOLLOWING, YOU ARE REQUIRED TO ATTACH A DETAILED LETTER OF EXPLANATION ALONG WITH ANY SUPPORTING DOCUMENTS SUCH AS FINAL DISPOSTIONS, COURT RECORDS, OTHER STATE REGUALTORY DISCIPLAINRY ACTIONS OR SANCTIONS, AND THE FINAL DISPOSITION, ETC...

Yes No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?

Yes No 2. Have you been denied registration, professional licensure or renewal because of a license disciplinary proceeding?

Yes No 3. Have you ever had a license or registration for a Speech-Language Pathology Aide, Speech-Language Pathologist, Audiologist or any other profession revoked, suspended or annulled or otherwise disciplined, including by private order?

Yes No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?

Yes No 5. Have you been convicted of any criminal offense?

Yes No 6. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. You must also print and submit the "Background Consent Form" or processing of your application may be delayed.

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

Yes No 7. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

Yes No 8. Have you previously applied for the same registration for which you are currently applying?

If "yes" name under which application was submitted: _____

9. If applying to reinstate a lapsed or revoked Georgia Board AUDA license, please explain why the license lapsed and what you have been doing since the lapse; where you have you been employed and your job duties.

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

Audiology Assistant Applicant

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the listing of acceptable documents on the website.**
- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number – See list of acceptable documents on the website.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20_____

Notary Seal

NOTARY PUBLIC
My Commission Expires: _____

FORM A - AUDIOLOGY ASSISTANT SUPERVISOR

INSTRUCTIONS:

- ◆ Complete all sections below
 - ◆ **NOTE: Also submit a completed Form B, Description Proposed Audiology Assistant Training, with your application.**
- (Note: Form C is to be submitted at the end of your training period, not with your initial application)

NAME OF AUDIOLOGY ASSISTANT APPLICANT: _____

NAME OF SUPERVISOR: _____
Last First Middle Maiden

LICENSURE OF SUPERVISOR: Current Georgia Audiology License # _____

EMPLOYMENT OF SUPERVISOR:

Employer _____
 Name of Facility _____
 Street Address _____
 City/State/Zip Code _____

AUDIOLOGY ASSISTANT'S WORKSITES:

OTHER PERSONS SUPERVISED:

Yes No Are you (the Supervisor) supervising other Audiology Assistants? If "yes", provide names:

Audiology Assistants: _____

AFFIDAVIT OF SUPERVISOR:

This is to certify that in accordance with Chapter 609-6-.01(c)7) of the Rules of the Georgia State Board of Examiners of Speech-Language Pathology and Audiology, I will provide direct and indirect supervision of the above-named Audiology Assistant and I accept full and complete responsibility for the speech-language activities and services of the Assistant.

- **The training shall not begin until the applicant for registration has been approved by the Board.**
- Following completion of the training program, the applicant shall be notified in writing when practice as a registered Audiology Assistant may begin.

Signature of Supervisor

Date

FORM B - DESCRIPTION OF PROPOSED AUDIOLOGY ASSISTANT TRAINING

- This form is to be completed by the Supervisor of the Audiology Assistant applicant
- This form is to be submitted with the Audiology Assistant Application for Registration and a **current job description**. Form may be copied as needed for extra pages.

AUD ASSISTANT NAME: _____ SUPERVISOR NAME: _____

Description of Specific Tasks/Activities To be performed:	Specific Training:	Proposed # of training Hours:
Total Number of Proposed Training Hours: _____		

PLEASE BE SURE TO INCLUDE A CURRENT JOB DESCRIPTION WITH THIS FORM/APPLICATION

FORM C – RECORD OF SUPERVISION FOR AUDIOLOGY ASSISTANT

This form is to be retained by the Supervisor of the Audiology Assistant Applicant. It is to be completed by the Supervisor and submitted **when the training program is completed** to the Board. Make copies of the form as needed. The Supervisor should retain copies of all documentation of indirect and direct supervision of an audiology assistant. Upon request by the Board, this documentation may be required to be sent to the Board for review during registration renewal audits. Please refer to Board rule 609-6-.02 for additional information.

AUD ASST NAME:

SUPERVISOR NAME:

DATE ACTIVITIES STARTED:

DIRECT SUPERVISORY ACTIVITIES

Activity	Frequency	Duration	Comments/Reliability/Accuracy

INDIRECT SUPERVISORY ACTIVITIES

Activity	Frequency	Duration	Comments/Reliability/Accuracy

AFFIDAVIT OF SUPERVISOR

I, the undersigned, verify that the above named Audiology Assistant completed the described audiology assistant training that was submitted with the initial application for audiology assistant registration.

Signature of Supervisor: _____

Date: _____

Signature of Audiology Assistant: _____

Date: _____

Submit via FAX: 866-888-7127, via E-Mail to ExamBoards-Healthcare@sos.ga.gov or by USPS mail service to: SLPA Board, 237 Coliseum Drive, Macon, GA 31217