

**APPLICATION TO THE  
NORTH DAKOTA STATE BOARD OF EXAMINERS  
ON AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

Application for Licensure (please circle one):      **AUD**              **SLP**              **SLPLA**

**PERSONAL DATA:**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home 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: \_\_\_\_\_]

**Active Military Members and Spouses**-If you are currently licensed in another state /jurisdiction and your spouse is an active member of the military, you may qualify to have the license fee waived. The board also wishes to track how many US military members are working in the state.

Are you a member of the U.S. Military \_\_\_\_\_  
OR a spouse of an active U.S. Military member? \_\_\_\_\_ NO \_\_\_\_\_

If “yes” to the military spouse question, you must submit proof of your military status or your spouse’s active member status. Please submit a military issued ID noting relationships to the military member and the orders of the active military member status for you or your spouse.

\*\*\*If you are a spouse of an active military member, you may qualify to have the license fees waived. As defined in the NDCC 43-51-01(5), a military spouse is one who is currently licensed in another state or jurisdiction and who is the spouse of a member of the armed forces of the United States of America or a reserve component of the armed forces of the United States stationed in this state in accordance with military orders or stationed in this state before a temporary assignment to duties outside of this state. You still must meet all the other license requirements.

**EMPLOYMENT HISTORY:**

Current Employer: \_\_\_\_\_

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

Supervisor (**SLPLA only**): \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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: \_\_\_\_\_

**EDUCATION:**

**Transcript should be sent from the school where you received your Bachelor's, Master's or Doctorate degree directly to the Executive Secretary at the address below.**

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: \_\_\_\_\_

**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? \_\_\_\_\_

**If "YES," you must provide a copy of the laws and rules that were in effect in that State at the time you were granted that license.**

**AFFIDAVIT:**

I, the undersigned, being sworn, dispose 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

Please return your completed application, the \$100.00 fee, your test scores (if applicable), and proof of internship hours (SLPLA only) to:

NDSBE – Attn: Executive Secretary  
PO Box 1338  
Bismarck, ND 58502-1338  
Phone: (701) 775-7165  
Email: [ndsbe.executivesecretary@gmail.com](mailto:ndsbe.executivesecretary@gmail.com)

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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: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF BOARD CHAIR:**

\_\_\_\_\_