



**I. APPLICANT INFORMATION**

Completed by Applicant

|   |                |               |                                      |
|---|----------------|---------------|--------------------------------------|
| Legal Name First                                  | Middle<br>Int. | Last          | SSN Last 4 Digits Only               |
| Home Address <i>Street, Box, City, State, Zip</i> |                | Email Address | Telephone Area<br>Code/Number        |
| Name and Location of Institution                  |                | Degree Earned | Date of Graduation<br><i>mm/yyyy</i> |

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES**

Completed by the Preparation Program and Returned to Applicant

1. Did the applicant complete your institution's approved program?

- Yes, *Program completion date*  
*(mm/dd/yyyy)*: \_\_\_\_\_
- No Explain: \_\_\_\_\_

2. **Degree Information** Does the applicant possess a doctor of audiology degree or if earned on or before August 31, 2018, a master's degree or higher in audiology from an institution accredited by the education standards board of the American Speech-Language-Hearing Association?

- Yes Degree earned: \_\_\_\_\_ Date conferred (mm/yy): \_\_\_\_\_
- No

3. The applicant has demonstrated knowledge and understanding of all the following concepts:

- Yes  No The standards cited under [PI 34.004](#).
- Yes  No Educational psychology, including principals and theories of learning.
- Yes  No Methods and procedures in school audiology programs including the relationship with and content of school pupil services programs. This requirement may be met by prior experience upon the recommendation of the institution.
- Yes  No Alternative communication systems including signed language systems, their implications for the social, emotional, and education development of children, and methods for effective communication with children who use them.

4. The applicant has completed at least 50 hours of a supervised practicum providing audiology services in a school setting, or equivalent experience, while employed as a school audiologist by a public school, private school, school district, or CESA.

Yes  No

---

---

**III. CONFIRMATION SIGNATURE**

---

---

**I CONFIRM** that the information provided above is accurate.

|   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| Signature of Authorized Official<br><br>➤ | Name <i>Type or Print Legibly</i> | Date Signed<br><i>mm/dd/yyyy</i> |
| Position/Title                            | E-Mail Address                    | Telephone<br><i>Area/Number</i>  |

Program Name

---

---