



The Commonwealth of Massachusetts

Division of Professional Licensure

BOARD OF REGISTRATION OF
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
1000 Washington Street, Suite 710
BOSTON, MA 02118-6100
(617) 727-3071
WWW.MASS.GOV/DPL/BOARDS/SP

FORM 1- SUPERVISED PROFESSIONAL PRACTICE PLAN – AUDIOLOGY

- Instructions:**
- Form 1 must be submitted to the Board within seven (7) days of beginning your fourth year externship.
 - Answer all questions. Write “NOT APPLICABLE” if no other response is appropriate.
 - Use additional pages if necessary.
 - If your supervisor changes, please submit a Form 2 to complete that portion of the fourth year externship. Also, you must remit a new Form 1 and Form 2 for each new supervisor.

1. Audiology Applicant: If name has been altered since application submission, **Name on Application:** _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____ () _____
(Home) (Other)

2. Professional Practice Site Information:

Site: _____
(Company Name) (Division/Department)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Beginning Date: _____ **Ending Date:** _____ **Hours per Week:** _____
(MM/DD/YYYY) (MM/DD/YYYY)

3. Supervisor Information:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____ () _____
(Business) (Other)

4. Supervisor's Current Licensure Status:

Massachusetts License#: _____ Expiration Date: _____

Other State (Specify): _____ License Number: _____ Expiration Date: _____

5. Supervisor's Professional Certification(s):

ASHA or ABA Certification Number: _____ Expiration Date: _____

Massachusetts Teacher's Certification Number: _____ Expiration Date: _____

6. Audiology Applicant's Certification Track: Please choose which Professional Organization Standards you will be following:

<input type="checkbox"/>	American Speech-Language-Hearing Association: The current ASHA Standards and Implementation Procedures for a Certificate of Clinical Competence in Audiology. www.asha.org
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<input type="checkbox"/>	American Board of Audiology: The current requirements for Board Certification in Audiology by the American Board of Audiology. www.boardofaudiology.org
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To be licensed as an Audiologist, an applicant must be of good moral character and meet the educational, clinical, supervised professional practice, and examination requirements specified in the applicant's chosen professional organization standards. Although standards created by professional organizations are referenced by the Board, **the Board does not require that licensees obtain or maintain membership in said organizations.** However, membership/certification of the supervisor may be required if the applicant seeks membership/certification in the chosen professional organization. Please contact the professional organizations for more information.

7. Statement of the Applicant:

Applicant, please contact the Board to ensure that your:

- 1) Application with \$68.00 fee
- 2) Praxis score [Board code: R7461]
- 3) Official graduate school transcript with the date the degree was conferred
- 4) Clock hours earned during graduate school

have all been received. This will allow immediate processing of your application upon receipt of your Form 2.

I HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THE PERSON NAMED AS SUPERVISOR AND AGREE TO ITS IMPLEMENTATION. I UNDERSTAND THAT I MUST NOT WORK AFTER THE END DATE SPECIFIED ON MY FORM 2 UNTIL I AM LICENSED BY THE BOARD. POST FOURTH YEAR EXTERNSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

(Applicant's Signature)

(Date)

8. Statement of Supervisor:

I HEARBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS PLAN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I FURTHER CERTIFY THAT I UNDERSTAND THE RESPONSIBILITIES OF A SUPERVISOR AS STATED IN THE RULES AND REGULATIONS OF THE MASSACHUSETTS BOARD OF REGISTRATION FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY. (TITLE 260 OF THE CODE OF MASSACHUSETTS REGULATIONS) I UNDERSTAND THAT THE APPLICANT MUST NOT WORK AFTER THE END DATE SPECIFIED ON THE FORM 2 UNTIL LICENSED BY THE BOARD. POST FOURTH YEAR EXTERNSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

(Supervisor's Signature)

(Date)



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FORM 2 - SUPERVISED PROFESSIONAL PRACTICE REPORT – AUDIOLOGY

Instructions: •Form 2 must be submitted to the Board within One (1) day of the completion of the fourth year externship.. Upon completion, fax Form 2 to 617-727-9932 or scan and e-mail to speech.audiology@mass.gov and mail original to Board.

•If your supervisor changed, please submit a Form 1 to correlate with that portion of the fourth year externship. Also, you must forward a new Form 1 and Form 2 for all other supervisor(s).

IMPORTANT NOTE: Post fourth year externship work will subject both you and your supervisor to disciplinary action by the Board.

1. Audiology Applicant: If name has changed since application your initial submission, Name on Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____
(Home) EMAIL

2. Professional Practice Site Information:

Site: _____
(Company Name) (Division/Department)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Beginning Date: _____ **Ending Date:** _____ **Hours per Week:** _____
(MM/DD/YYYY) (MM/DD/YYYY)

3. Supervisor Information:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____
(Business) EMAIL

4. Supervisor's Current Licensure Status:

Massachusetts License#: _____ Expiration Date: _____

Other State (Specify): _____ License Number: _____ Expiration Date: _____

5. Supervisor's Professional Certification(s):

ASHA or ABA Certification Number: _____ Expiration Date: _____

Massachusetts Teacher's Certification Number: _____ Expiration Date: _____

6. Audiology Applicant's Certification Track: Please choose which Professional Organization Standards you followed:

<input type="checkbox"/>	American Speech-Language-Hearing Association: The current ASHA Standards and Implementation Procedures for a Certificate of Clinical Competence in Audiology. www.asha.org
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<input type="checkbox"/>	American Board of Audiology: The current requirements for Board Certification in Audiology by the American Board of Audiology. www.boardofaudiology.org
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7. Professional Practice Plan completion:

Has the applicant successfully fulfilled the Professional Practice Plan responsibilities as specified in Form 1?

☐ Yes ☐ No In no, please explain _____

8. Recommendation of Supervisor:

I hereby ☐ recommend **OR** ☐ do not recommend for licensure as an AUDIOLOGIST.

APPLICANT AND SUPERVISOR UNDERSTAND THAT THE APPLICANT MUST NOT WORK AFTER THE END DATE SPECIFIED ON THE FORM 2 UNTIL LICENSED BY THE BOARD. POST FOURTH YEAR EXTERNSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

Applicant's Name & Signature

Date

Supervisor's Signature

Date

Mail **ORIGINALS** to the Board and maintain a copy for your files.

Board of Speech-Language Pathology and Audiology, 1000 Washington St., Suite 710, Boston, MA 02118-6100