The Commonwealth of Massachusetts

Division of Professional Licensure

BOARD OF REGISTRATION OF

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY

250 Washington St.

BOSTON, MA 02108

(617) 624-6125

**http**[**s://w**](http://www.mass.gov/orgs/board-of-registration-for-speech-language-pathology-and-audiology)**ww.m**[**ass.gov/orgs/board-of-registration-for-speech-language-pathology-and-audiology**](http://www.mass.gov/orgs/board-of-registration-for-speech-language-pathology-and-audiology)

**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. Please email Form 2 to** [**speech.audiology@mass.gov.**](mailto:speech.audiology@mass.gov)

**·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

1. **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)

1. **Supervisor Information:**

**Name:**

(Last) (First) (Middle)

**Address:**

(Number) (Street)

(City) (State) (Zip)

**Phone:**  ( ) (Business) EMAIL

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1. **Supervisor’s Current Licensure Status:**

**Massachusetts License#: Expiration Date:**

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

1. **Supervisor’s Professional Certification(s):**

**ASHA or ABA Certification Number: Expiration Date:**

**Massachusetts Teacher’s Certification Number: Expiration Date:**

1. **Audiology Applicant’s Certification Track:** Please choose which Professional Organization Standards you followed:

American Speech-Language-Hearing Association: The current ASHA Standards and Implementation Procedures for a Certificate of Clinical Competence in Audiology. [www.asha.org](http://www.asha.org/)

American Board of Audiology: The current requirements for Board Certification in Audiology by the American Board of Audiology. [www.boardofaudiology.org](http://www.boardofaudiology.org/)

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 applicants 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.

1. **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**

1. **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**

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**Scan and email completed form to** [**speech.audiology@mass.gov.**](mailto:speech.audiology@mass.gov)