	\wedge		The Common	wealth of N	lassachuset	tts		
	latter	3	Division of	Profession	al Licensure			
			SPEECH-LANGUA 2	50 Washington \$ DSTON, MA 021 (617) 624-6125	GY & AUDIOLOGY St. 08			
FORM 2	- SUPERVISEI	O PROFESSIONAL P	RACTICE REPORT – A	UDIOLOGY				
Instru	2 to	 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. If your supervisor changed, please submit a Form 1 to correlate with that portion of the fourth-year externship. Also, you must 						
			ase submit a Form 1 to correl n 2 for all other supervisor(s).	ate with that portion o	the fourth-year externshi	p. Also, you must		
IMPORT	ANT NOTE: Post	fourth-year externship v	vork will subject both you	and your supervisor	to disciplinary action by	y the Board.		
1. <u>Audio</u>	ology Applican	<u>t</u> : If name has changed since	e application your initial submiss	on, Name on Appli	cation:			
Name:	(Last)		(First)		(Middle)			
Address:	(Number)	(Street)						
	(City)			(State)		(Zip)		
Phone:	() (Home)			EMAIL				
2. Profes	ssional Practic	e Site Information:						
Site:	(Company Nam	e)		(I	Division/Department)			
Address:								
	(Number)	(Street)						
	(City)			(State)		(Zip)		
Beginnin	g Date: (MM/DD/Y	YYY)	Ending Date: (MM/DD/Y)	YYY)	_ Hours per Week:			
3. <u>Super</u>	visor Informa	tion:						
Name:	(Last)		(First)		(Middle)			
Address:	(Last)	(Street)			(Middle)			
						(7')		
DL	(City)			(State)		(Zip)		
Phone:	(Business)			EMAIL		-		

4. <u>Supervisor's Current Licensure Status:</u>

Massachusetts License#:			Expiration Date:					
Other State (Specify): License Number:		Expiration Date:						
5. <u>Supervisor's Professional Cert</u>	ification(s):							
ASHA or ABA Certification Numbe	r:		Expiration Date:					
Massachusetts Teacher's Certification	on Number:		Expiration Date:					
6. 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. <u>www.asha.org</u>

American Board of Audiology: The current requirements for Board Certification in Audiology by the American Board of Audiology. <u>www.boardofaudiology.org</u>

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.

7. Professional Practice Plan completion:

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

8. <u>Recommendation of Supervisor:</u>

I hereby **I recommend OR I 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

Supervisor's Signature

Date

Date

Scan and email completed form to speech.audiology@mass.gov.