

Jeremiah W. (Jay) Nixon
Governor
State of Missouri



Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: <http://pr.mo.gov/healingarts.asp>

Connie Clarkston
Executive Director

Dear Audiologist:

Enclosed are the forms required for licensure as an Audiologist in the State of Missouri based on Late Registration. Included in the packet are:

1. The application with specific instructions for completing it;
2. Documents and Fee page explaining the application process;
3. Verification of Licensure form (if necessary, make additional copies);
4. Jurisprudence Examination;
5. Activities Statement;
6. Medical Release Form;
7. Application Checklist.

It is suggested that you read the documents and fee page before beginning the process. Next, read the statutes and rules that are located on our website listed above. Besides containing applicant information, the statute governs your professional conduct as an Audiologist in the State of Missouri.

Please be advised that no application will be processed without a fee. Applications will not be considered by the Board until the entire file is complete. You should not make any firm commitment to begin working until you have received notification of licensure in writing from this office. Proof that an Audiologist has practiced in Missouri before becoming licensed may be grounds for denial of licensure.

You will be notified in writing one (1) time if your application is deficient in any way. You should allow a minimum of thirty (30) days for processing of your application once you have filed the completed application and the required documents in this office. An answer shall be given for each question on the application. If the question does not apply write N/A-not applicable. If your file is complete on Wednesday it will be reviewed on Friday. A letter notifying you of the decision will be mailed to you no later than the following Tuesday. Please do not telephone the office requesting the decision.

Please be reminded that it is unlawful to misrepresent any material fact, in any way, in connection with application for Missouri licensure. Proof that an Audiologist has misrepresented any material fact is grounds for denial of licensure.

A license to practice as an Audiologist expires January 31 of every odd numbered year **regardless of when it is issued**. A renewal application will be mailed to you on or before December 1st of each even numbered year. You will be required to pay an additional fee for renewal and confirm on the renewal application that you obtained 30 hours of continuing education during the prior two calendar years. For complete information regarding the Board's continuing education requirement, please see Rules 20 CSR 2150-4.052 through 20 CSR 2150-4.054. Failure to receive the renewal application does not, however, relieve any person of the duty to register and pay the fee required nor exempt them from the penalties for failure to renew.

If you have any questions during the process that are not answered in the enclosed material, you may contact the Board of Healing Arts for assistance at (573) 751-0098 or toll free at (866) 289-5753 or via email at licensure@pr.mo.gov.

Sincerely,

Licensure Section

AUDIOLOGY
INSTRUCTIONS FOR COMPLETING LICENSURE APPLICATION
LATE REGISTRATION APPLICATION

The Board wishes to stress that you should provide complete details, dates, names and addresses as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. Please type or print your application in black ink. The following information is provided to assist you in answering the questions.

QUESTION #1 - Print your full name.

QUESTION #2 - A) Please provide home address. B) Indicate home telephone number. Please check box indicating if you wish to correspond with the office via e-mail or via regular mail. The ability to correspond via e-mail will expedite the processing of your application. C) Indicate your Proposed Missouri business address. D) Indicate business telephone number.

QUESTION #3 - A) Indicate month, day and year of birth. B) Indicate Social Security number. State Law mandates the submission of Social Security numbers on professional applications. A citizen of an international country applying for licensure in Missouri who does not hold a U.S. Social Security number, may submit his or her Visa or Passport Identification number in lieu of the Social Security number.

QUESTION #4 - List in chronological order the name and location of each institution attended, beginning with high school. Indicate the dates of attendance, graduation date and type of diploma or certificate awarded.

QUESTION #5 - A) Indicate in which profession you received your Certificate of Clinical Competence. B) Indicate date certificate was issued. C) Indicate if certificate is valid or invalid.

QUESTION #6 - Indicate if you currently hold or have an application pending for certification as a Speech-Language Pathologist with the Missouri Department of Elementary and Secondary Education.

QUESTION #7 - List all licenses, certifications or registrations, whether active, inactive, temporary or institutional, in order of attainment.

QUESTIONS #8-10 - If your answer is "yes", provide full details on a separate notarized statement. This should include States/Provinces, dates and reasons.

QUESTION #11 - If your answer is "yes", provide full details on a separate notarized statement. Furnish a certified court copy (with the court seal affixed) of the complaint(s), answer(s) and disposition(s) of the case(s). If the case(s) is still pending, please state. If your insurance company paid a claim without

a formal case being filed, then include the dates, names of the patient(s) involved, insurance claim number, insurance carrier, and the facts and circumstances surrounding the claim. It will be necessary for you to contact the insurance carrier handling the claim and authorize them to submit directly to the Board all the information they have on file regarding the claim.

QUESTION #12 - If your answer is "yes", provide full details of the arrest, the dates, places and disposition of the case on a separate notarized statement. Furnish a Certified Court Copy (with the court seal affixed) of the original charge, the judgment, the sentence and/or the dismissal order, or other such documents which reflect the disposition of the matter.

This does not include any minor traffic parking violation fines. We suggest that if you have had an arrest (no matter how minor), you answer the question "yes" on your application and furnish full details of the incident leading up to and including the arrest and disposition of the case.

QUESTIONS #13-16 - If your answer is "yes", provide full details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The enclosed form titled "AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS" must be completed for each physician/therapist/hospital or institution, authorizing them to release whatever information the Board may request. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice.

QUESTION #17 - Application Information Release Authorization - In the space provided please list the name of one other person with whom we may discuss your file. To expedite the processing of your application, we will only discuss your application with you and one other person.

QUESTION #18 - Applicant's Oath - You must sign this oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature. Also place a recent original photograph of yourself in the space provided. Below the photograph, place your signature in the space provided. **Copies of photographs or magazine clippings are not acceptable.**

**BE ADVISED THAT ALL QUESTIONS MUST BE ANSWERED
OR THE APPLICATION WILL BE RETURNED.**

Please be advised that **incomplete** applications on file in this office for **one (1) year will be discarded.**

AUDIOLOGY LATE REGISTRATION OF LICENSURE DOCUMENTS AND FEE REQUIRED

1. **APPLICATION FEE** \$25.00

Please submit the fee in the form of a **cashier's check** or **money order**, payable on or through a United States bank, made payable to the Missouri Board of Healing Arts. **All fees are non-refundable.**

2. **NOTARIZATIONS** - To assure that copies of the documents you furnish with your application will not have to be returned to you to be notarized properly, please have the notarizations done as follows:

1. Notarization must be completed in the United States or Canada;
2. Affidavits and statements should be notarized as "Subscribed and Sworn to" before a Notary Public. The Notary Public must sign it, date it and affix his/her notary seal to the document. Notary seal must show date of expiration.

NOTE: Each individual document must be notarized.

3. **VERIFICATION OF LICENSURE** - If you have ever held a permanent, temporary or institutional license, registration or certification in any State/Province (including Canada), the enclosed form must be mailed to each licensing agency in which you now or have ever been licensed, certified or registered to practice as a Speech-Language Pathologist and/or Audiologist or any profession. This form must be received directly from the state board(s). You may copy this form for additional copies. You may want to contact the other state(s) to determine if they charge a fee to verify your licensure in order to make sure your verification is processed expeditiously.

4. **PHOTOGRAPH** - A recent original photograph must accompany the application in the space provided. Copies of photographs or magazine clippings are not acceptable.

5. **NAME CHANGE** - If your name has changed from that which is shown on any of the documents submitted in support of your application, you will be required to submit a copy of your marriage license, divorce decree, adoption record or court order. If you had a name change by Naturalization, you will be required to hand deliver your original Naturalization Certificate to this office for inspection. After inspection, the certificate will be returned by certified mail.

6. **OFFICIAL TRANSLATIONS** - If any of your documents, transcripts, etc. are in a foreign language, this Board requires you to furnish an original, official word for word translation of that document. The Board's definition of an official translation is one which is done by a government official, official translation service, or a college or university professor in the United States. The translator must certify that it is a "true translation to the best of his/her knowledge that he/she is fluent in the language, and is qualified to translate." He/she must sign the

translation and his/her signature must be certified by a Notary Public. The translator must also print his/her name and title under the signature. This must be translated on official letterhead.

NOTE: Our Board will accept a translation done by an Official of the American Embassy in a foreign country. The translation must have the Embassy seal placed upon it.

7. **ACTIVITIES STATEMENT** - Each applicant is required to provide a chronological listing of his/her professional and non-professional activities since expiration of their Missouri license to the present. All periods must be reported. In chronological order, list the positions you held, complete names, addresses, and zip codes of employers and the beginning and ending dates of employment. **NOTE: This must be submitted in addition to the information on your application.** You may be required to update the Board on your activities if your application remains in a pending status for an extended period of time. A form is provided to document your activities. A resume may be submitted provided it details all time periods.

8. **SOCIAL SECURITY CARD** - Furnish a copy of your Social Security Card. (Do Not FAX) A citizen of an international country applying for licensure in Missouri who does not hold a U.S. Social Security number, shall submit a copy of his/her Visa or Passport in lieu of the Social Security card.

9. **APPLICATION CHECKLIST** - This form is provided to assist you in verifying that all of the required documents for licensure have been included with your application. Please check off the documents that you are sending with your application. Sign, date, and enclose the form with your application.

10. **AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS** - If you answered "yes", to question 13-16 on the application, it will be necessary for you to complete and return this form to the Board office.

11. If your Missouri license has been inactive for less than three (3) years, you must submit documentation of thirty (30) hours of continuing education completed in the two year period preceding the reinstatement of the license, as defined in the Board's Rule 20 CSR 2150-4.053.

12. If your Missouri license has been inactive for more than three (3) years, you must submit documentation of sixty (60) hours of continuing education obtained during the inactive period and meeting the criteria stated in the Board's Rule 20 CSR 2150-4.053.

13. If your Missouri license has been inactive for more than three (3) years, you may be subject to re-examination by the Board. This determination will be made by the Board once your application has been completed and reviewed.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
LICENSURE REACTIVATION - LATE REGISTRATION APPLICATION - AUDIOLOGIST

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

I HEREBY MAKE APPLICATION FOR LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST IN THE STATE OF MISSOURI.

1. APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)

2. HOME ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP)

HOME TELEPHONE NUMBER(S)

()

EMAIL ADDRESS

CORRESPOND VIA EMAIL CORRESPOND VIA REGULAR MAIL

PROPOSED BUSINESS ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP)

BUSINESS TELEPHONE NUMBER(S)

()

3. DATE OF BIRTH

SOCIAL SECURITY NUMBER

4. **EDUCATION** - LIST IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, BEGINNING WITH HIGH SCHOOL. INDICATE THE DATES OF ATTENDANCE, GRADUATION DATE, AND TYPE OF DIPLOMA OR CERTIFICATE AWARDED.

| NAME AND LOCATION OF INSTITUTION | YEAR FROM TO | DATE GRADUATED | DEGREE/AREA OF EMPHASIS |
|----------------------------------|--------------|----------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

5. CERTIFICATE OF CLINICAL COMPETENCE ISSUED IN:

SPEECH-LANGUAGE PATHOLOGY CURRENTLY VALID? YES NO DATE OF ISSUE _____
 AUDIOLOGY CURRENTLY VALID? YES NO DATE OF ISSUE _____

6. CERTIFICATION AS A SPEECH-LANGUAGE PATHOLOGIST WITH THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

Do you currently hold DESE certification? YES NO
 Do you have an application pending for DESE certification? YES NO

7. LIST ALL STATES IN WHICH YOU NOW HOLD OR HAVE HELD A LICENSE, REGISTRATION, OR CERTIFICATE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY.

| STATES | LICENSE NUMBER | TYPE OF LICENSE | DATES HELD |
|--------|----------------|-----------------|------------|
| | | | |
| | | | |
| | | | |

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.

- 8. Have you been denied any professional license/permit/certificate or professional privileges or denied the privilege of taking the examination before any professional board in the United States, Canada or other country? YES NO
- 9. Have you, or has any professional license/permit/certificate issued to you, been restricted or disciplined; such disciplinary action to include but not be limited to: revocation, suspension, probation, censure or reprimand, whether voluntarily agreed to or not, by any State within the United States, territory, federal agency, Canadian province, or other country? YES NO
- 10. Have you had any disciplinary action taken against you, or had your right to practice restricted, by any professional employer or any entity which you have trained, held staff membership or privileges, or acted as a consultant? YES NO
- 11. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? YES NO
- 12. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere (plea of no contest) to any criminal prosecution under the laws of any state of the United States whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? YES NO
- 13. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances? YES NO

14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder? YES NO
15. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder? YES NO
16. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice audiology in a safe and competent manner? YES NO

17. APPLICATION INFORMATION RELEASE AUTHORIZATION

I hereby authorize the State Board of Registration for the Healing Arts, Directors or designee to release and/or discuss information contained in my application for permanent licensure in the State of Missouri to the following individual:

NAME OF PERSON

ALL APPLICANTS MUST PLACE
AN ORIGINAL RECENT PHOTOGRAPH
IN THE SPACE PROVIDED.



18. APPLICANT'S OATH

State/Province of _____ County/Parish of _____.

I, _____, hereby certify under oath that I am the person named in this application for a license to practice Audiology in the State of Missouri; that all statements I have made are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application, and the photograph on this page is an identifiable photograph of myself.

I acknowledge and state that I have read Chapter 345, RSMo. which contains the Statutes, Rules and Regulations governing Speech-Language Pathology and Audiology, that can be located on the Board's website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I further state that by filing this application for a license to practice in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of Audiology, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, and government agency (local, state, federal, or foreign) court, association, institution, or other organization pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent registration or practice hereunder.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT'S SIGNATURE

NOTARIZATION AND NOTARY INFORMATION

| | | |
|---|--------------------|--|
| STATE | | COUNTY |
| The applicant identified him/herself with a government issued photographic identification and subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____. | | USE A RUBBER STAMP IN CLEAR AREA BELOW |
| NOTARY PUBLIC SIGNATURE | COMMISSION EXPIRES | NOTARY PUBLIC EMBOSSEER SEAL |
| NOTARY PUBLIC PRINTED NAME | | |



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

BOARD OF REGISTRATION FOR THE HEALING ARTS
P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE (573) 751-0177
TOLL FREE (866) 439-3897

CERTIFICATION

During the period of time in which the Board is processing my application and determining whether to issue me a license, I will inform the Board of any change in information included in my application for licensure, including but not limited to malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to disclose this information could result in discipline pursuant to section 345.065.2(11).

Applicant Signature

Applicant Printed Name

Date

| | | |
|--|--|--|
| | | |
|--|--|--|



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD. - P.O. BOX 4
 JEFFERSON CITY, MO 65109
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

**VERIFICATION OF LICENSURE – SPEECH LANGUAGE-PATHOLOGY/AUDIOLOGY
 LATE REGISTRATION**

I, _____ hereby authorize and request the State Board of _____ having control of any documents, records and other information pertaining to me to furnish to the Missouri Board information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

| | | |
|-----------------------------|----------------|------------------------|
| SIGNATURE OF APPLICANT | LICENSE NUMBER | ISSUE DATE |
| NAME IN FULL (PLEASE PRINT) | DATE OF BIRTH | SOCIAL SECURITY NUMBER |

OTHER NAMES USED IN OBTAINING LICENSURE

CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

| | | |
|------------------|-----------------------|------------|
| STATE OF | FULL NAME OF LICENSEE | |
| LICENSURE STATUS | LICENSE NUMBER | ISSUE DATE |

LICENSURE METHOD
 C.C.C. GRANDFATHER RECIPROCITY WITH _____
 OTHER (SPECIFY): _____

1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE?
 IF YES, ATTACH DETAILS.
 YES NO

2. HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE?
 IF YES, ATTACH DETAILS.
 YES NO

3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE?
 IF YES, ATTACH DETAILS.
 YES NO

4. HAS ANY APPLICATION FOR INITIAL LICENSURE OR REINSTATEMENT BY THE ABOVE APPLICANT EVER BEEN DENIED?
 IF YES, ATTACH DETAILS.
 YES NO

COMMENTS, IF ANY

| | | |
|------------|---------------------|------|
| BOARD SEAL | SIGNATURE AND TITLE | DATE |
| | STATE BOARD | |



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BOULEVARD
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE (573) 751-0171
 TOLL FREE (866) 289-5755

I hereby authorize any physician, therapist, counselor, hospital, clinic, or any other health care provider, medical records custodian, or any person or corporation (including insurance companies) which have records relating to medical, psychiatric, counseling or evaluation received by me, to furnish the Missouri Board of Healing Arts, or its representative, oral or written statements or testimony in any hearing, any and all information with respect to any medical, psychiatric, counseling or evaluation and copies of all hospital, medical, psychiatric, counseling, and evaluation records.

A photocopy of this authorization shall be accepted the same as the original in all instances.

| | |
|--|---------------------|
| PHYSICIAN/THERAPIST, HOSPITAL/INSTITUTION NAME | |
| ADDRESS | |
| APPLICANT'S NAME (PRINT OR TYPE) | TELEPHONE NUMBER(S) |
| APPLICANT SIGNATURE | DATE |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | |
| _____ | |
| _____ | |

IMPORTANT NOTICE

THIS AUTHORIZATION MUST BE NOTARIZED.

| NOTARIZATION AND NOTARY INFORMATION | | |
|---|--------------------|--|
| STATE | COUNTY | |
| The applicant identified him/herself with a government issued photographic identification subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____. | | USE A RUBBER STAMP IN CLEAR AREA BELOW |
| NOTARY PUBLIC SIGNATURE | COMMISSION EXPIRES | NOTARY PUBLIC EMBOSSEER SEAL |
| NOTARY PUBLIC PRINTED NAME | | |

**EXAMINATION ON THE LICENSURE ACT, RULES AND REGULATIONS FOR
SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS**

DIRECTIONS

Enter answers for multiple choice (10) and true/false questions (10) in the section entitled "Answers" on the **Test Compliance Verification**. This is an "open book" examination, created for the purpose of acquainting new licensees with the provisions of Chapter 345, RSMo. It is imperative that you read the **Test Compliance Verification** before attempting to take this examination.

SCORE ▶

Multiple choice

1. An Audiology Aide
 - a. may act independently of an Audiologist under certain circumstances
 - b. must be at least 18 years of age
 - c. must possess at least a bachelor's degree in the area of Audiology
 - d. none of the above
2. A Speech-Language Pathology or Audiology Aide may
 - a. administer or interpret hearing screening or diagnostic tests
 - b. determine case selection
 - c. make referrals to other professionals or agencies
 - d. none of the above
3. Under the auspices of the statute, Audiologists may
 - a. provide consultation and counseling
 - b. take impressions of the ear for custom earmolds, ear plugs, swim molds and industrial noise protectors
 - c. test for disorders of balance
 - d. all of the above
4. The statute states that a Speech-Language Pathologist may
 - a. assess the external ear and cerumen management
 - b. use instrumental technology such as videofluoroscopy and stroboscopy to diagnose and treat disorders of communication and swallowing
 - c. conduct and interpret intraoperative monitoring
 - d. all of the above
5. A Speech-Language Pathology Assistant must
 - a. work under the direct supervision of a licensed Speech-Language Pathologist
 - b. hold a bachelor's degree in Speech-Language Pathology or an associate's degree in Speech-Language Pathology from an approved institution
 - c. be of good moral character
 - d. all of the above
6. The following violations may be cause for the Board to issue a complaint with the Administrative Hearing Commission:
 - a. use of any controlled substance to the extent that such use impairs a person's ability to perform work activities
 - b. participation in fraudulent activities
 - c. altering a license or registration
 - d. all of the above
7. If the Board issues a probationary, limited or restricted license to an applicant, the applicant may file a written petition with the Administrative Hearing Commission within _____ days of the effective date of the license seeking review of the Board's determination.
 - a. 30 days
 - b. 45 days
 - c. 60 days
 - d. 90 days

**EXAMINATION ON THE LICENSURE ACT, RULES AND REGULATIONS FOR
SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (CONTINUATION)**

8. A minimum of ____ hours of continuing education are required for licensure renewal every two years.
- a. 20
 - b. 25
 - c. 30
 - d. 40
9. Rules with regard to continuing education stipulate that a minimum of 20 hours may be obtained by courses sponsored by
- a. American Speech-Language-Hearing Association and/or the Missouri Speech-Language-Hearing Association
 - b. American Academy of Audiology and/or the Missouri Academy of Audiology
 - c. Department of Elementary and Secondary Education and/or Council for Exceptional Children
 - d. all of the above
10. A provisional license is effective for
- a. 6 months
 - b. 12 months
 - c. 18 months
 - d. 36 months

TRUE OR FALSE

1. T F Continuing education hours can be carried over into the next reporting period.
2. T F Any member of the public may file a written complaint with the Advisory Commission.
3. T F Licensed Speech-Language Pathologists may administer behavioral pure-tone air conduction hearing screening and screening tympanometry tests.
4. T F If deemed necessary, the Board has the discretion to issue a license which is subject to probation, restriction or limitation to an applicant.
5. T F The provisions of this statute do not apply to persons who hold a DESE certificate as a Speech-Language Pathologist, and are employed by and who are providing Speech-Language Pathology services in the public schools, physicians, or students pursuing study of Speech-Language Pathology or Audiology from an accredited college or university.
6. T F An extension of the provisional license may be issued for an additional twelve months only for the purposes of completing the post-graduate clinical experience.
7. T F If a Speech-Language Pathologist is employed full time by a school district and independently contracts services occasionally, it would not be necessary to obtain a license to practice.
8. T F According to the licensing statute and rule, an Audiologist may only use academic titles which are obtained from a regionally accredited institution.
9. T F Persons who allow their licenses to lapse may be required to pay a reinstatement fee.
10. T F Persons in their Clinical Fellowship who are not working in an exempt setting must hold a provisional license to practice Speech-Language Pathology or Audiology in the State of Missouri.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
TEST COMPLIANCE VERIFICATION

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD. - P.O. BOX 4
 JEFFERSON CITY, MO 65109
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

The Missouri State Board of Registration for the Healing Arts and the Advisory Commission for Speech-Language Pathologists and Audiologists requires that all applicants for licensure as a Speech-Language Pathologist or Audiologist, achieve a passing score on an examination on the Missouri Licensure Act, Rules and Regulations.

A passing score is 75% (15 correct out of 20 possible). If you do not achieve a passing score, the examination will be sent to you again for successful completion prior to issuance of a license. This examination was not designed to “test” your knowledge of the act, rules and regulations, but was created for the purpose of acquainting new licensees with the information.

This examination is of the “open book” type and you are expected to refer to the Act and Rules. However, it is intended that each applicant complete it individually, without receiving aid from any other person.

I certify I have neither given nor received aid from another person in the answering of any questions posed by this examination.

SIGNATURE

DATE

RETURN SIGNED VERIFICATION/ANSWER SHEET TO:

MISSOURI STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
 P.O. BOX 4
 JEFFERSON CITY, MISSOURI 65102
 ATTN: SLP AND AUD EXAMINATION

ANSWER SHEET

Enter answers from examination in this section.

MULTIPLE CHOICE

TRUE/FALSE

1. _____

6. _____

1. _____

6. _____

2. _____

7. _____

2. _____

7. _____

3. _____

8. _____

3. _____

8. _____

4. _____

9. _____

4. _____

9. _____

5. _____

10. _____

5. _____

10. _____

FOR BOARD USE ONLY

DATE

PASSED (MIN. SCORE 75%) FAILED



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
**AUDIOLOGY LATE REGISTRATION
APPLICATION – CHECKLIST**

FORWARD TO THE MISSOURI BOARD OF HEALING ARTS

- APPLICATION FORM
- FEE - \$25.00
- ACTIVITY STATEMENT
- VERIFICATION OF LICENSURE (Only applicable if you have ever held a permanent, temporary or institutional license, registration or certification in any State/Province, including Canada)
- COPY OF SOCIAL SECURITY CARD (Furnish a copy of your Social Security Card. A citizen of an international country applying for licensure in Missouri who does not hold a United States Social Security number shall submit his/her VISA or Passport in lieu of the Social Security card.)
- AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS (Only applicable if you answered “yes” to question 13-16)
- TEST COMPLIANCE VERIFICATION
- CONTINUING EDUCATION DOCUMENTS
- NAME CHANGE DOCUMENT if applicable

SIGNATURE

DATE

WE ENCOURAGE YOU TO RETAIN COPIES OF YOUR APPLICATION AND SUPPORTING DOCUMENTS.