Wisconsin Department of Safety and Professional Services

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HEARING AND SPEECH EXAMINING BOARD

TEMPORARY LICENSE REQUEST TO PRACTICE AUDIOLOGY

APPLICANT: (Complete this section and forward to your supervisor.)

A temporary license must be approved by two (2) members of the Council on Speech Language Pathology and Audiology. Approval will not be granted until a completed Audiology application, required fee, and all supporting documents are received on file with the Department.

Last Name **First Name** **MI** **Former / Maiden Name(s)**

I have received my Audiology degree and need to schedule for the next available Audiology Practical Examination.

Applicant Signature **Date** / /

AFFIDAVIT OF SUPERVISING AUDIOLOGIST: (This section must be completed by your supervisor.)

I wish to request that a Temporary License to practice Audiology in the State of Wisconsin be issued to the above listed applicant. I am aware that a temporary license may be issued for a period 6 months and may be renewed once at the discretion of the Hearing and Speech Examining Board, per Wis. Admin. Code § HAS 9.10(2)(b). Audiologist licensure under Wis. Stat. § 459.26(2)(a) or (b), and applies to take the next available examination, or if the applicant shows, to the satisfaction of the Board, sufficient cause for the renewal

Signature of Supervisor **Date** / /

Printed Name of Supervisor **Title of Supervisor**

Supervisor's WI License Number:

Agency/Department/Employer:

Name of Physical Work Location:

Address of Physical Work Location (street, city, state, zip)

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **Permit Fee**
$ 10.00

For Receipting Use Only

#1980 (Rev. 9/15)
Ch. 459. Stats.