

# 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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**Applicant Signature (Print and Sign Form)**

**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

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**Signature of Supervisor (Print and Sign Form)**

**Date**

<input type="text"/>	<input type="text"/>
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**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 Receiving Use Only**