

WEST VIRGINIA BOARD OF EXAMINERS FOR  
SPEECH-LANGUAGE PATHOLOGY  
AND AUDIOLOGY

99 Edmiston Way  
Box 11, Suite 214  
Buckhannon, WV 26201  
304-473-4289

[wvbeslpa@wv.gov](mailto:wvbeslpa@wv.gov)  
[www.wvspeechandaudiology.com](http://www.wvspeechandaudiology.com)

## Initial Registration & Renewal Application for Audiology Assistant

Have you ever been previously registered in West Virginia? Yes ☐ No ☐

Area of licensure sought: ☐ Initial Application ☐ Renewal Application

I qualify for the Military Families waiver of initial license fees ☐ (see page 2 for definition & requirements)

I qualify for the Low-Income Families waiver of initial license fees ☐ (see page 2 for definition & requirements)

FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE  
\*PHONE: \*Gender: M ☐ F ☐ \*BIRTHDATE:  
\*SSN: EMAIL \_\_\_\_\_

(Required)

**EMPLOYMENT RECORD:** Employer/facility in WV, e.g., *ABC Health Contracting - XYZ Rehab Center, 1234 Mountaineer Way, Somewhere, WV 26000. IF you are currently unemployed/not providing services, you must notify the Board within 30 days of a change in your employment status.*

EMPLOYERS NAME: \_\_\_\_\_  
☐ FULL TIME ☐ PART TIME EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

PHONE NUMBER: EXTENSION: \_\_\_\_\_

If you work for more than one employer, please complete.

EMPLOYERS NAME: \_\_\_\_\_  
☐ FULL TIME ☐ PART TIME EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

PHONE NUMBER: EXTENSION: \_\_\_\_\_

“Military Families” waiver of initial license fees. Military Families is defined as:

- Service member or an honorably discharged veteran of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101.  
*Required documents for verification – Military Orders NGB-22 Form or DD-214 Form.*
- Spouse of an active member or an honorably discharged veteran of the armed forces as described above  
*Required documents for verification – Military Orders NGB-22 Form or DD-214 Form AND a copy of your Certificate of Marriage.*
- Surviving spouse of a service member as described above, and you have not remarried.  
*Required documents for verification – Decedent spouse’s DD-1300 Form OR a Certified Certificate of Death submitted along with a NGB-22 Form or DD-214 Form, a copy of your Certificate of Marriage and a Notarized Affidavit stating that you have not remarried.*

To apply for the Military Families waiver of initial license fees, complete the Military Family Initial Licensing Fee Waiver Application and submit all required documents with this license application.

“Low-Income Families” waiver of initial license fees. Low-Income Families is defined as:

- Residing in West Virginia or a portion of the county in which you reside is within 50 miles of the border of West Virginia, and your household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. Department of Health and Human Services,  
*Required documents for verification – Copy of your Federal Tax Return for the preceding year. If you are married and filed separate, you will need to submit the Federal Tax Return for both your spouse and yourself.*
- If you are currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, the Supplemental Nutritional Assistance Program (SNAP) or other state or federal public assistance program with substantially equivalent low-income eligibility requirements.  
*Required documents for verification – Certified letter or other satisfactory proof from your public assistance program which demonstrates your current participation. If you select “Other”, describe the eligibility documentation that is being submitted.*

To apply for the Low-Income Families waiver of initial license fees, complete the Low-Income Family Initial Licensing Fee Waiver Application and submit all required documents with this license application.

D. List all academic degrees held: An OFFICIAL Transcript must be received by the Board office.

COLLEGE/UNIVERSITY	MAJOR	DEGREE	GRADUATED (MO/YR)

	<u>YES</u>	<u>NO</u>
Have you ever had ANY license request denied or ANY held license revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted or plead guilty to, or nolo contendere to a felony, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside?	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>SUBMIT COPIES OF ALL COURT DOCUMENTS W/ APPLICATION</u></b>		
for Board review with considerations as stated in revised WV Rule §29-4-4.		
Have you ever been found guilty of unethical practices in the conduct of ANY business or profession?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently being treated for any serious contagious disease, mental incompetency or addiction to a controlled substance, narcotic or alcohol which is likely to endanger the health, welfare or safety of the public?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions, please provide detailed information on separate sheet.

**I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT I AM THE PERSON NAMED AS THE APPLICANT ON THIS APPLICATION AND THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I RECOGNIZE THAT ANY MISINFORMATION OR OMISSION OF PERTINENT MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS REGISTRATION OR FOR SUSPENSION OR REVOCATION OF THE SAME.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Pursuant to West Virginia Code §48-15-303 - (a) Each licensing authority shall require license applicants to certify on the license application form, under penalty of false swearing, that the applicant does not have a child support obligation, the applicant does have such an obligation but any arrearage amount does not equal or exceed the amount of child support payable for six months, or the applicant is not the subject of a child-support related subpoena or warrant. The application form shall state that making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.

(b) A license shall not be granted to any person who applies for a license if there is an arrearage equal to or exceeding the amount of child support payable for six months or if it is determined that the applicant has failed to comply with a warrant or subpoena in a paternity or child support proceeding.

<u>I certify, under penalty of false swearing that:</u>	<u>YES</u>	<u>NO</u>
1. I have a court ordered child support obligation.....	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a court ordered child support obligation and any arrearage amount Equals or exceeds the amount of child support payable for six months.....	<input type="checkbox"/>	<input type="checkbox"/>
3. I am the subject of a child support related subpoena or warrant.....	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's Signature: _____		Date: _____

Revised 11/12/2019

Pursuant to W. Va. Code §30-1-27, a person shall be granted an occupational or professional license, registration, or certificate if the person has been licensed or certified in another state, the license, registration, or certificate is in the same discipline and at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed by W. Va. Code §30-1-27.

## **SUPERVISOR INFORMATION**

Audiology Assistant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Last
First
Middle

WV AUD License #: \_\_\_\_\_

Locations of services by assistant:

Name of Facility	Address	City, State, Zip
------------------	---------	------------------

Phone Number of Facility:

(If more than one facility, list them separately and attach to this application)

## **AGREEMENT TO PROVIDE SUPERVISION**

I, \_\_\_\_\_, do hereby agree to provide supervision as required by WV Code §30-32-15, and as defined by WV Legislative Code Rule 29CSR2 for \_\_\_\_\_ to function as an audiology assistant for the duration of this registration.

I further agree to accept responsibility for the practice and activities of the above named individual in his/her capacity as an audiology assistant.

I acknowledge that the failure to utilize this person appropriately as an audiology assistant and to supervise in accordance with the above cited provisions of Chapter 30-32 of the West Virginia Code and West Virginia Code Rules promulgated thereunder, shall be considered as aiding and abetting an unlicensed person to practice audiology as described in West Virginia Code §30-32.

Supervisor's Signature	Date
------------------------	------

Street Address	Phone Number
----------------	--------------

City, State, Zip	WV AUD License Number
------------------	-----------------------

