

## Speech-Language Pathologist (SLP)/Audiologist (Aud) Temporary License: Persons Credentialed by ASHA, ABA or Other States

### INSTRUCTIONS AND APPLICATION CHECKLIST

#### IMPORTANT THINGS TO KNOW ABOUT THE APPLICATION PROCESS:

- Your application will not be approved until it clears the criminal background study per [Minnesota Statute 144.0572](#).
- It will take MDH one (1) to two (2) weeks to review your SLP/Aud temporary license application for approval. To ensure that your application is processed in a timely matter, complete all the steps in this checklist.
- MDH will not approve your application until we receive: 1) a completed and signed application; 2) all requested documentation; and 3) license fee payment.
- Any applications mailed 30 days after the date of signature on the application will be returned to you to confirm that provided information is still current.
- If a question on the application doesn't apply to you, mark your answer as "N/A."
- If you are approved for an SLP/Aud temporary license, you will receive a letter in the mail from MDH confirming your licensure, along with your license card.
- For audiology licensing, you must take and pass the Hearing Instrument Dispenser (HID) Exam before you are eligible for full licensing. For more information about the HID Exam, contact (651) 201-4200 or at [health.hidexam@state.mn.us](mailto:health.hidexam@state.mn.us).
- SLP/Aud temporary licenses are valid for only three (3) months. To ensure that you are continuously licensed, submit your application for a full SLP/Aud license at least 60 days before your temporary license expires.

#### FOR APPLICANTS APPLYING FOR AUDIOLOGIST LICENSE ONLY:

If you have not taken and passed the examination and you want to dispense hearing instruments with a temporary audiology license, you must be supervised by a licensed audiologist who can dispense hearing instruments, and you must have the supervisor complete Part II of this application.

#### APPLICATION CHECKLIST:

Print this document and check off the instructions as you complete them.

- Criminal Background Study submitted at same time as with licensing application: <https://www.health.state.mn.us/facilities/providers/docs/backgroundstudy.pdf>
- Complete, sign, and date Part I of the application.
- If applicable, have your Audiologist supervisor complete and sign Part II.
- Enclose a copy of your current ASHA, ABA Certification, or a credential from another state in which you are registered, certified, or licensed.
- Make a copy of the application and all supporting documents for your records.
- Mail completed original application, supporting documents, and fee payment to MDH.
- Enclose check or money order and make payable to "Treasurer: State of Minnesota."
  - When MDH receives fee payments, they are deposited immediately.
  - All fees are non-refundable.
  - Licensing fees are as follows:

Type of License	License Fee
SLP Temporary	\$25
Aud Temporary	\$64
Dual (SLP and Aud)	\$64

S L P / A U D T E M P O R A R Y L I C E N S E A P P L I C A T I O N C H E C K L I S T

**Credential Lookup:**

While you're waiting for your SLP/Aud temporary license approval letter, you can see if you've been issued a license on MDH's [Health Occupations Program Credential Lookup](#) database. This database is updated daily. Your name will appear on our database the day after your license has been issued.

**Once you receive your SLP/AUD temporary license approval from MDH:**

If you are planning on obtaining your full SLP/Aud license, fill out the full license application and submit with required documents and license fee payment **at least 60 days** before your temporary license expires.

**Questions:** If you have any questions about the application process or submitting the required documents, please email [health.slpa@state.mn.us](mailto:health.slpa@state.mn.us) or call (651) 201-4200.

**Mail to:**

Mail
Minnesota Department of Health Health Occupations Program Attn: SLP/Aud Licensing PO Box 64882 St. Paul, MN 55164-0882



## Speech-Language Pathologist (SLP)/Audiologist (Aud) Temporary License: Persons Credentialed by ASHA, ABA or Other States

**MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE.** This notice is given pursuant to Minnesota Statutes, section 13.04, subd. 2, and section 13.41, subd. 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information provided in this application to determine if you meet Minnesota Statutes, sections 148.511 to 148.5198 requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. Once you become licensed, all application data except your Social Security Number and non-designated address become public and will be released to anyone upon request. Information in your application may, in some circumstances, be disclosed to other Minnesota Department of Health staff, the Speech-Language Pathologist and Audiologist Advisory Council, The Minnesota Attorney General’s Office, and any person to whom the Commissioner must refer your application for verification or to otherwise determine your qualifications. Application data may also be disclosed to an appropriate person or agency to prevent a clear and present danger. If you contest the Commissioner’s decision regarding your license, resulting in a contested case hearing or litigation, your application data becomes accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and may become accessible to the public.

### PART I: To be completed by applicant only.

Please print and sign clearly in blue ink.

### SLP/AUD LICENSE STATUS & HISTORY

This is an application for temporary licensing as a:  Speech-Language Pathologist  Audiologist  Dual (SLP and Aud)

### PERSONAL INFORMATION

Last Name		First Name	Middle
Home Address*		City	State ZIP
Home Phone		Cell Phone Number	
Email Address			
Date of Birth (mm/dd/yyyy)		Social Security Number*	

\*Home Address: PO Box address is not acceptable. \* SSN Required by Minnesota Statute. 270.72C, subdivision 4

Please designate the address at which you will receive correspondence from the Department regarding your license and which will be public information. If you select “Other,” provide MDH with the address below. **The address you select will be public information.**

Home  Employer  Other

Address	City	State	ZIP
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Have you ever used another legal name under which records may be filed concerning your application, including your education training or experience? No  Yes  if yes, please list name(s) used:

Last Name	First Name	Middle
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### EMPLOYMENT INFORMATION

Employer/ Facility Name: (Please provide the name of the facility where you work. Do not include the name of the staffing agency)

Street Address	City	State	ZIP
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Employer/Facility Phone	Fax
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Employment Start Date (mm/dd/yyyy)	Position Title
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S L P / A U D T E M P O R A R Y L I C E N S E A P P L I C A T I O N

**FOR APPLICANTS APPLYING FOR AUDIOLOGIST LICENSE ONLY:** Have you passed the Minnesota Practical Examination for Hearing Instrument Dispensing as required under Minnesota Statute, section 148.515, subd. 6 (c)?

Yes  No If you answered no, you must obtain a supervisor and complete Part II below in order to dispense hearing Instruments with a temporary Audiology license.

**APPLICANT AFFIRMATION.** *I hereby make application for a temporary license. I understand that a temporary license expires 90 days after issuance and that to continue practicing and using a protected title, I must apply for and obtain either 1) a renewal of my temporary license or 2) full licensed status as a speech-language pathologist and/or audiologist.*

*By signing below, I certify that:*

- I have read and will comply with the requirements of Minnesota Statutes, sections 148.511 to 148.5198.
- I am not the subject of a pending investigation or disciplinary action for speech-language pathology or audiology practice in this or any other state or by the American Speech-Language Hearing Association (ASHA), and;
- I have not been subject of a disciplinary action for speech-language pathology and/or audiology practice in this or any other state or by the American Speech-Language Hearing Association (ASHA) and/or American Board of Audiology.

*I understand that approval of temporary license and status as a temporary licensee creates no rights to or expectation of approval of the Minnesota Department of Health for a license as a Speech-Language Pathologist and/or Audiologist.*

*I have read and understand the instructions for this application process.*

Applicant Signature

Date

**PART II: To be completed by applicant’s supervisor only.**

Please print and sign clearly in blue ink.

Last Name

First Name

Middle

Supervisor’s MN Audiology License #

Employment Business Name

Street Address

City

State

ZIP

Telephone Number

Employer Telephone Number

Fax Number

Employment Email Address

Date Supervisor Started Employment (mm/dd/yyyy)

Hearing Instrument Dispenser (HID) Certification # (if Certified)

**SUPERVISOR AFFIRMATION.** *I certify that I am a licensed audiologist in the state of Minnesota and will be the supervisor of the above-named applicant who has applied for temporary licensing.*

*I have read Minnesota Statutes, section 148.5161 and will provide supervision consistent with subd. 3. I understand that a temporary license expires 90 days from the date of issuance. Furthermore, I understand that I am the responsible supervisor for the above applicant until the Minnesota Department of Health receives my written and signed statement that I wish to cease supervision or until expiration of temporary licensing.*

*I have read and understand the instructions for this application process.*

Supervisor’s Signature

Date