



New Mexico Regulation and Licensing Department  
BOARDS AND COMMISSIONS DIVISION  
Speech-Language Pathology, Audiology, and Hearing Aid  
Dispensing Practices Board  
PO Box 25101 ▪ Santa Fe, New Mexico 87504  
(505) 476-4622 ▪ Fax (505) 476-4545 ▪ [www.rld.state.nm.us](http://www.rld.state.nm.us)

## INSTRUCTIONS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY APPLICATION

***Application must be complete or it will be returned. All forms and documentation requested are to be completed and returned to the Board Office.***

The information you supply on this application will be used to determine your eligibility for licensure. You must supply all the information requested. Omission of any information may result in our inability to process your application. Your completed application will be used by authorized personnel of the board and may be transferred to other governmental or law enforcement agencies. It cannot be returned to you, but you may gain access to the information by contacting the board office.

- Read the entire application before you begin to answer any questions so you understand exactly what information is being requested.
- Answer all questions completely. The burden of proof in satisfying the board that you are eligible for licensure is upon you.
- Signature on application must be notarized.
- All documentation submitted must be notarized or certified as true and correct copies of the originals.
- Previously licensed applicants who failed to renew as required must reapply as a new applicant, meet all applicable requirements, meet all continuing education requirements and pay the application fee, the renewal fee and the late penalty fee.
- The jurisprudence examination is part of the application and must be completed and signed. This exam covers the statutes and regulations.
- Include the fee of \$110 (\$100 licensure fee and \$10 application fee) in the form of a check or money order payable to the Speech Language Pathology, Audiology and Hearing Aid Dispensing Practices Board (SLPAHAD). Cash is no longer accepted as a form of payment. Payment must be made by check, cashier's check, money order or credit card (where authorized). When you provide check as payment, you authorize the State of NM to either use the information from your check to make a one-time electronic fund transfer or to process the payment as a check transaction. ***Applications received without fees will not be processed.***
- Submit these required documents:
  - Official Transcripts
  - A certified copy of a certificate of clinical competency from a board recognized national speech-language association (ASHA) or proof of completion of the clinical fellowship year and proof of having passed a nationally recognized examination
  - Verification of licensure (if currently or previously licensed in another state or jurisdiction)

### FEES ARE NON REFUNDABLE

Licensure Fee	\$100.00
Application Fee	<u>\$ 10.00</u>
Total Fee	\$110.00

***If additional space is needed to complete any section, attach additional pages. All supporting documents must be received at the board office before the application can be approved.***

New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board

Please check only the box you wish to apply through

**Speech-Language Pathology**

**Audiology**

ALL LICENSING INFORMATION PROVIDED IS PUBLIC INFORMATION

**A. APPLICATION INFORMATION \* Required Field**

*Name (Last, First, Middle):	
*Mailing address:	
*Business address:	
*City/State/Zip:	
*Contact Phone:	
*Email: All communications (including renewal notices) will be sent to this email address	
*Date of Birth:	*Social Security Number:
Maiden Name ( If applicable):	

**B. EDUCATION:**

All education must be verified by submitting to the Board office official transcripts verify at least a master’s degree in speech-language pathology, audiology, speech language and hearing science, communication disorders or equivalent

UNDER-GRADUATE & GRADUATE EDUCATION	Name of College / University	Major area of study	Years of Study	Degree	Graduation Date

**C. OTHER LICENSURE**

**IMPORTANT:** You must contact the licensing board for **ALL** the state(s) listed below and request licensure verification for status of license, including any disciplinary history, sent **DIRECTLY** to the SLPAHAD office.

List **ALL** other licensure, year license was acquired and current status of licensure:

License Type	State License was held	Expiration Date	Current Status
License Type	State License was held	Expiration Date	Current Status
License Type	State License was held	Expiration Date	Current Status

**D. QUESTIONS RELATED TO ETHICAL STANDARDS**

*Read the following carefully, check all appropriate boxes. If you answer YES, please attach a complete and comprehensive explanation. (The Board may contact you later)*

1. Have you ever used another name under which records may be filed concerning your application or your education, training or experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please print name used: \_\_\_\_\_
2. Have you received a deferred prosecution, a deferred judgment or been convicted of or pled guilty to or pled nolo contendere to a felony in any state territory, district of the United State or a foreign country? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been denied a license or permission to practice or permission to take an examination to practice hearing aid dispensing in any state, country or territory? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has any disciplinary action ever been taken regarding your practice or any license you hold or have held to practice? Disciplinary actions include, but are not limited to, suspension, probation, practice limitations, reprimand, letter of admonition, censure and any allegations currently pending. Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever voluntarily surrender a license to practice in any other state or territory? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you in arrears in a court-ordered child support program? Pursuant to 16.1.1.6 NMAC, Parental Responsibility Act. Yes \_\_\_\_\_ No \_\_\_\_\_

**I HEREBY CERTIFY** that I have read and completed this application, that the information contained herein is true to the best of my knowledge, that I am not physically or psychologically dependent on alcohol or drugs, and that I understand that any falsification or misrepresentation made within this application may be grounds for denial of my application or action against my license. I hereby authorize the Regulation and Licensing Department and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I declare under penalty of perjury that the statements made on this form are true and complete to the best of my knowledge.

**I FURTHER CERTIFY** that I have read the New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Act and the Rules and Regulations and fully understand that I bind myself to be governed by them.

**This form must be signed in the presence of a Notary Public.**

AFFIDAVIT AND NOTARIZATION: The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she has read the Code of Ethics for Speech Language Pathologists, Audiologists and Hearing Aid Dispensers and, if issued a license, agrees to conform with and support the Code of Professional Ethics, Rules and

**New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board**

Regulation of the New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Act. **I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I \_\_\_\_\_ a Notary Public in and for said County, in the State of \_\_\_\_\_,

DO HERBY CERTIFY THAT:

\_\_\_\_\_ personally known to be the same person whose name is subscribed in the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, said document for the uses and purposes therein set forth.

**Notary Seal**

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_



Application fee payment method: \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card (Type) \_\_\_\_\_ MC \_\_\_\_\_ Visa

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Address

Credit Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board**  
**JURISPRUDENCE EXAMINATION**

1. The primary function of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board is to assure the safety and welfare of the public served.  
T\_\_\_\_ F\_\_\_\_
2. Under *Section 61-14B-22 – Penalties*, any person who violates any provision of the *Speech Language Pathology, Audiology and Hearing Aid Dispensing Act* is guilty of a misdemeanor.  
T\_\_\_\_ F\_\_\_\_
3. If a licensee fails to renew within the grace period, the licensee must reapply as a new applicant, meet all applicable requirements, meet CEU requirements, and pay the application, renewal and late penalty fee.  
T\_\_\_\_ F\_\_\_\_
4. All applications must be complete and notarized and include supporting required documents and all fees before the board office will accept them.  
T\_\_\_\_ F\_\_\_\_
5. All fees are non-refundable.  
T\_\_\_\_ F\_\_\_\_
6. The penalty fee for not renewing your license by the expiration date is \$100.  
T\_\_\_\_ F\_\_\_\_
7. Renewal of a speech-language pathology, audiology or hearing aid dispensing license during the grace period requires a penalty fee.  
T\_\_\_\_ F\_\_\_\_
8. Once the speech-language pathology, audiology, hearing aid dispensing license expires, you may renew within the grace period, however you cannot practice during the grace period with an expired license.  
T\_\_\_\_ F\_\_\_\_
9. Speech-language pathologists, audiologist and hearing aid dispensers must submit 15 hours of continuing education annually in order to renew their license.  
T\_\_\_\_ F\_\_\_\_
10. Timely renewal of licenses is the full and complete responsibility of the licensee. For speech-language pathologists, audiologists and hearing aid dispensers, the board office will mail out renewal forms no later than December 15th. If the renewal is not received within a reasonable time after December 15th, it is the responsibility of the licensee to contact the board office. Non-receipt of the renewal form by the licensee will not exempt licensure expiration or late penalty fees.  
T\_\_\_\_ F\_\_\_\_
11. Licensees or applicants shall bear all costs of disciplinary proceedings unless they are excused by the board from paying all or part of the fees or if they prevail at the hearing.  
T\_\_\_\_ F\_\_\_\_
12. As required by federal law, final adverse disciplinary actions taken by the board against applicants or licensees will be reported to the Federal Health Care Integrity and Protection Data Bank (or its successor data bank).  
T\_\_\_\_ F\_\_\_\_
13. Apprentices in Speech Language (ASL's) can administer diagnostic testing.  
T\_\_\_\_ F\_\_\_\_
14. Direct supervision means on-site, in-view observation and guidance by a licensed professional in the applicant's field be present during a therapy session with clients while an assigned activity is performed by support personnel.  
T\_\_\_\_ F\_\_\_\_
15. All licensees must display their license in their primary location at their place of employment.  
T\_\_\_\_ F\_\_\_\_

**New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board**

16. To renew your license, continuing education in your field must be completed within the renewal period of January 31st through January 30th.

T \_\_\_\_\_ F \_\_\_\_\_

17. All licenses expire annually. What is the expiration date of your license for your specific field?

\_\_\_\_\_

18. The board has authority to impose penalties in disciplinary matters. List five forms of discipline that may be imposed by the board.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

19. The board has adopted *Part 9, Code of Ethics*. What is the purpose of the Code of Ethics?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. In accordance with the provisions of the Uniform Licensing Act, the board may take disciplinary action for violations of the *Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Act* or the board's regulation. List five violations which may be grounds for disciplinary action.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Certification:**

I certify that I have completed the above examination without assistance from any person and have used only the New Mexico Speech Language Pathology, Audiology and Hearing Aid Dispensing Practices Code of Conduct and the New Mexico Statutes as references.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_