

PROCEDURES FOR REGISTRATION

Audiology Clinical Externship

All supervising licensees must register any and all Audiology Externs working under their supervision with the Board on the following registration form. Registration must be made by the supervising licensee before or within ten (10) days of retaining each Audiology Clinical Fellow.

An applicant for registration as an Audiology Clinical Extern (ACE) shall cause a letter to be submitted directly from the educational institution to the Board's Administrative Office. The letter must show that the applicant has successfully completed sufficient academic course work to engage in outside supervised clinical practice

An applicant for registration as an Audiology Extern shall successfully complete a minimum of four hundred (400) clock hours of supervised clinical experience (practicum) with individuals having a variety of communications disorders, as required by ASHA. The experience shall have been obtained through an accredited college or university which is recognized by ASHA. The applicant shall cause the Department Chair or other program head to provide directly to the Board's Administrative Office a letter attesting to the standards of the Practicum and the applicant's successful completion, and the number of clinical hours achieved.

PERIOD OF EFFECTIVENESS:

Audiology Externships are effective for a period of no less than fifteen (15) continuous months.

The Audiology Externship's period of effectiveness for applicants for licensure who are awaiting national certification and subsequent Board review of their application for licensure may be extended for a period not to exceed four (4) additional months. Such extension will cease to be effective if national certification or Board licensure is denied. At all times while awaiting national certification results and until licensure is received, clinical fellows shall practice only under supervision as set forth in this rule.

Application for licensure or a four (4) month extension of their Audiology Externship should be made thirty (30) days before the expiration of their Audiology Externship registration.

Supervising licensees may only supervise two (2) Registered Audiology Externs concurrently.

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you MUST notify the Board office, in writing, immediately.

1. All documents required to be submitted must be mailed directly to:

**Board of Communication Disorders and Sciences
665 Mainstream Dr
Nashville, TN 37243**

We cannot accept faxed or emailed applications.

2. Please allow fourteen (14) working days for information mailed to our office to be received and placed in your file. The Board asks that you please give the Board office every consideration in this matter.
3. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you by mail.
4. Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial certification determination made. You will be promptly notified by letter of the initial determination.
5. Applications that are deficient sixty (60) days after receipt of the initial deficiency letter will be closed.
6. **All signatures MUST be in blue ink.**

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

In order to comply with federal statutes, the Board of Communications Disorders and Sciences is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank and/or the National Practitioner Data Bank. If the Board is required to make a report about one of its applicants or licensee to either or both of these data banks, it must report that individual's social security number. This application will not be complete if the social security number is omitted. The number will be used for identification purposes and for such purposes as are allowed by the state and federal law.

IMPORTANT: You must have a registration from the Board in your possession before you may lawfully practice in an Audiology Clinical Externship.

ACE SUPERVISOR REGISTRATION FORM

ACE Registrant Name: _____
Last First Middle Maiden

Name of Supervisor: _____
Last First Middle Maiden

TN License Number of Supervisor

ASHA Certification Number

Supervisor Address: _____

Phone: _____

Email address: _____

I, _____ have agreed to provide required and appropriate supervision to _____, registrant for ACE, for the period of _____ to _____
(Month/Day/Year) (Month/Day/Year)
Full Time _____ **Part Time** _____

Supervisor Signature: _____ **Date:** _____

Witness: I, _____ do hereby witness the signature of the above named Supervisor.
(Print or type name)

Witness Signature: _____ **Date:** _____

Please return completed form to: Tennessee Board of Communications Disorders and Sciences
665 Mainstream Dr
Nashville, TN 37243