



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
New Mexico 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

**BILINGUAL MULTICULTURAL
ENDORSEMENT APPLICATION**

Application must be complete or it will be returned.

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 at P.O. Box 25101, Santa Fe, New Mexico 87504.

- 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.
- Include the fee of \$60 (\$50 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. 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.

FEES ARE NON REFUNDABLE

Licensure Fee	\$ 50.00
Application Fee	\$ 10.00
Total Fee	\$ 60.00

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

BILINGUAL MULTICULTURAL ENDORSEMENT APPLICATION

Type or print legibly in black ink.

Licensure Fee \$ **50.00**
Application Fee \$ **10.00**
Total Fee \$ **60.00**

**COMPLETE IF LICENSED OR FORMERLY
LICENSED IN ANY OTHER STATE. IF YOU HOLD
MULTIPLE LICENSES PLEASE USE A SEPARATE
SHEET AND LIST ALL STATES.**

<input type="checkbox"/> Bilingual Multicultural Endorsement Language the applicant is proficient in: <hr style="border: 1px solid black;"/> <p>Please refer to the rules for the licensure requirements 16.26.2.19</p>
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License #: _____
State: _____
Date Granted: _____
Expiration Date: _____
Address of Grantor: _____ _____
Phone: (_____) _____

**** All licensing information provided is public information ****

***REQUIRED FIELD**

PRINT your name as you wish it to appear on your license.

*NAME OF APPLICANT (Last, First, Middle)	*DATE OF BIRTH	*INDIVIDUAL TAX IDENTIFICATION NUMBER
*BUSINESS ADDRESS (Number, Street, City, State, Zip)	*Contact phone	*MAIL ALL CORRESPONDENCE TO MY: <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address
*MAILING ADDRESS (Number, Street, City, State, Zip)		
*E-MAIL ADDRESS: All communications (including renewal notices) will be sent to this email address		

ANSWER THE FOLLOWING QUESTIONS

If you answer **YES** to any question, attach a complete and comprehensive explanation. The board may contact you later for additional information.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever used another name under which records may be filed concerning your application or your education, training or experience? <i>If yes, print name used:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever received a deferred prosecution, a deferred judgment or been convicted of or pled guilty to or pled <i>nolo contendere</i> to a felony in any state, territory, district of the United States or a foreign country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever been denied a license or permission to practice or permission to take an examination to practice speech-language pathology or audiology in any state, country or territory?
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you ever voluntarily surrendered a license to practice in any other state or territory?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are you in arrears in court-ordered child support payments?

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

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.

SIGNATURE: _____ DATE: _____

State of: _____

County of: _____

Before me on this day personally appeared the above named applicant who, being by me duly sworn upon oath, says that all the acts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me _____ on this _____ day
of _____, 20_____

Notary Public: _____ My Commission Expires: _____

SEAL

<i>For Office Use Only</i>	
Amount Received \$ _____	Check Number:
Receipt Number:	License Number:
Date Issued :	Approved by Date :

**VERIFICATION OF LICENSURE, CERTIFICATION OR REGISTRATION AS A
SPEECH-LANGUAGE PATHOLOGIST, AUDIOLOGIST AND/OR HEARING AID
DISPENSER IN ANOTHER STATE**

PART I - INSTRUCTIONS TO APPLICANT

Type or print the information needed to complete Part I of this form. Forward verification to each state or jurisdiction where you are currently or were previously licensed as a speech-language pathologist, audiologist and/or hearing aid dispenser. The agency or board that issued the license must officially verify the information requested in Part II. Note that it is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II, the licensing agency or board will return the form directly to the State of New Mexico, Speech Language Pathology, Audiology & Hearing Aid Dispensing Practices Board, at P.O. Box 25101, Santa Fe, NM 87504.

Name: _____
Last First Middle Initial

Social Security #: _____ License #: _____ Birth Date: _____

PART II - INSTRUCTIONS TO LICENSING AGENCY OR BOARD

The applicant named above has applied for a license to practice in the state of New Mexico. The Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board requests that you provide the following licensing information about the above individual. Return the form directly to the board at PO Box 25101, Santa Fe, NM 87504.

Licensee's Name: _____ License#: _____

Licensed as a: _____ State: _____

Social Security #: _____ Birth Date: _____

Original Issue Date: _____ Current Expiration Date: _____

Status: Current Inactive Expired Other _____

Yes No Have there been any complaints and / or disciplinary actions taken against this licensee?
If yes, please attach copies of all relevant documents.

I certify that the above information is true and correct.

Signed: _____ Check here if there is no seal

Printed Name: _____

(SEAL)

Title: _____

Date: _____