

Statistical Overview
Fiscal Year 2010

**REGULATION OF AUDIOLOGISTS,
SPEECH-LANGUAGE PATHOLOGISTS
AND HEARING AID DEALERS**

July 2010



**DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING**

This Annual Performance Report is presented in accordance with Alaska Statute 08.01.070(1) and Alaska Statute 37.07.080(b). Its purpose is to report the accomplishments, activities, and the past and present needs of the licensing program.

FISCAL YEAR 2010 STATISTICAL OVERVIEW

Program: Audiology/Hearing Aid Dealers/Speech Language Pathologists AS 08.11, 08.55
and Speech Language Pathologist Assistants 12 AAC 07.010

Name of Individual Completing Report: Sher Zinn

Date: 6/30/10

| CATEGORY | NEW – ISSUED DURING FY 2010 | TOTAL AS OF 6/30/10 | EXAMINATION/ CREDENTIAL |
|----------|--------------------------------|------------------------|----------------------------|
|----------|--------------------------------|------------------------|----------------------------|

A. Current Active Licenses, Endorsements, Permits

(student, locum tenens, limited, courtesy licenses)

List type and if issued by examination or credential, as applicable

(Do not list “temporary permits” or “temporary licenses”)

| Example: License Type | 10 | 250 | Exam: 6 Credentials: 4 |
|--|----|-------------------------------|---------------------------|
| 1. Audiologists | 3 | 59 | |
| 2. Hearing Aid Dealers | 1 | 20 | |
| 3. Speech Language Pathologist | 32 | 218 | |
| 4. Speech Language Pathologist Assistant | 5 | 24 | |
| 5. Speech Language Pathologist - Temporary | 7 | Various or no expiration date | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| TOTAL | | | |

B. Current Inactive Licenses (not lapsed licenses)

(Only Medical, Chiropractic, CPA, and Real Estate)

| CATEGORY | TOTAL AS OF 6/30/___ |
|--------------|-------------------------|
| 1. N/A | |
| 2. | |
| 3. | |
| TOTAL | |

C. Retired Licenses

| CATEGORY | RETIRED DURING FY 20 ____ | TOTAL AS OF 6/30/ ____ | NOTES |
|--------------|---------------------------|------------------------|-------|
| 1. N/A | | | |
| 2. | | | |
| TOTAL | | | |

D. Examination Dates

(List each examination administration separately.)

| EXAM TYPE | LOCATION | DATE | CANDIDATES | NO. PASSED | NO. FAILED |
|-----------|----------|------|------------|------------|------------|
| N/A | | | | | |
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E. Board Meetings and Teleconferences

| DATE | LOCATION <i>(indicate if teleconference)</i> |
|------|--|
| N/A | |
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