

STATE OF NORTH CAROLINA  
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND  
AUDIOLOGISTS  
POST OFFICE BOX 16885, GREENSBORO, NORTH CAROLINA 27416-0885  
TELEPHONE 336-272-1828 Email: [scapps@ncboeslpa.org](mailto:scapps@ncboeslpa.org)  
Website: [www.ncboeslpa.org](http://www.ncboeslpa.org)

**APPLICATION FOR PERMANENT LICENSURE IN SLP OR AUDIOLOGY REQUESTING  
RECIPORCITY WITH A CURRENT LICENSE IN ANOTHER STATE**

**INSTRUCTIONS TO APPLICANTS**

**NOTE TO APPLICANTS:** The most common reason for delay in the consideration of an application is error in completing the application accurately, providing the required information, and not following the instructions. Errors can be avoided if you proceed in the application process carefully, thoroughly, and accurately. **IMPROPERLY COMPLETED APPLICATIONS WILL BE RETURNED.** If you have questions or need assistance, call the Board of Examiners at the above listed number.

1. Persons seeking permanent license requesting reciprocity with a current license must complete and sign the application form.
2. An **official (not student copy) transcripts** verifying that the master's/doctorate degree has been conferred is required.
3. Persons seeking license on the basis of reciprocity with another state must submit written verification from that state of current licensure. This verification should be mailed directly to the N.C. Board of Examiners from the other state licensing board.
4. All applicants must compete and submit the Speech-Language Pathology or Audiology Quiz.
5. All applicants must submit the SLP Quiz or the Audiology Quiz with their application
6. All applications must be accompanied by an application fee of \$30.00 and permanent license fee of \$60.00. Send only checks or money orders made payable to the Board of Examiners for SLPA. New licenses and license renewal receipts will not be issued until the remitted checks have cleared the bank. The only exceptions will be those fees that are paid with money orders or certified checks.

<b><u>FEES:</u></b> APPLICATION FEE.....	\$30.00
TEMPORARY LICENSE FEE (SEY).....	\$40.00
PERMANENT LICENSE FEE.....	\$60.00
ANNUAL RENEWAL LICENSE FEE.....	\$60.00
DELINQUENCY PENALTY FEE.....	\$25.00
DUPLICATE LICENCE.....	\$10.00
SERVICE CHARGE FOR RETURNED CHECKS.....	\$25.00
VERIFICATION OF N.C. LICENSE TO OTHER STATES..	\$15.00

**MAIL THE COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO: N.C. Board of Examiners, PO Box 16885, Greensboro, NC 27416-0885.**

**RETURNED CHECKS ARE SUBJECT TO A \$25.00 SERVICE CHARGE.**

**(APPLICATION FORM BEGINS ON NEXT PAGE)**

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SPEECH AND LANGUAGE PATHOLOGY \_\_\_\_\_ OR AUDIOLOGY \_\_\_\_\_

Each question must be answered. Please type or print clearly in ink.

**SECTION I**

Ms.  
Mr.  
NAME: Dr.

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle or Maiden)

\_\_\_\_\_  
(Last)

PREFERRED MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

TELEPHONE: Home ( ) \_\_\_\_\_ Business: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Email Address: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list other languages in which you are fluent: \_\_\_\_\_

ASHA CCC ISSUED: \_\_\_\_\_ LIST STATES IN WHICH YOU HOLD A CURRENT LICENSE: \_\_\_\_\_

EDUCATION

College or University Major Degree Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a disciplinary inquiry or action taken against you? \_\_\_\_\_ If so, please attach an explanation.

**I have read Article 22** - Licensure Act for Speech and Language Pathologists and Audiologists and agree to abide by the Code of Ethics as outlined in Section .0300. Further, I certify that all information provided in this application is correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IT IS BOARD POLICY NOT TO GIVE VERBAL INFORMATION CONCERNING BOARD ACTIONS ON APPLICATIONS IN ADVANCE OF WRITTEN NOTICE.**