



STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
 PO Box 16885, Greensboro, NC 27416-0885
 Telephone: 336-272-1828 Fax: 336-272-4353 www.ncboeslpa.org

Name _____

Address _____

City, State & ZIP _____

Home Telephone: _____

Employer's Name & Address:

Work Telephone: _____

Email Address: _____

(Reserved for Board Use Only)

Bilingual Language: _____

Your North Carolina License No. _____ in Speech-Language Pathology/Audiology will expire on _____. The license renewal fee is \$60.00 and is due annually on the anniversary date that your license was issued. To renew your license, remit \$60.00 (per G.S. 90-305) by check or money order before the expiration date. **If payment is by check, note that deposits are typically made on Fridays and the new license cannot be mailed to you until ten days after the date of deposit.**

YOU ARE REQUIRED TO RETURN THIS STATEMENT WITH YOUR PAYMENT. Please correct any errors in the above name, address, or additional listed information and fill in any missing information. You are required to provide your signature verifying that you are in compliance with the Board's continuing education requirement (21 NCAC 64 .0218). Be advised that you do not need to provide official documentation of your continuing education unless it is requested. The Board will conduct random audits of licensee's continuing education hours. You may review the requirements at the Board's website.

I affirm that I am in compliance with the Board's continuing education requirement and I have reviewed Article 22 Licensure Act for Speech and Language Pathologists and Audiologists including the Administrative Rules, Ethical Guidelines and Disciplinary Procedures and hereby agree to comply fully with them.

Signature

Date

Has disciplinary action ever been taken or is disciplinary action pending against you by a licensing board or professional agency? Yes _____ No _____

Are you currently engaged in telepractice? Yes _____ No _____