



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 Email: dbrown@ncboeslpa.org
www.ncboeslpa.org

Name: _____
Address: _____
Employer: _____
Employer Address: _____
Home Phone: _____
Work Phone: _____
Email Address: _____
Bilingual Language: _____
Your North Carolina License No. _____ Speech Language Pathology/ Audiology

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. 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. Yes _____ No _____
Has disciplinary action ever been taken or is disciplinary action pending against you by this or any other licensing board or professional association? Yes _____ No _____
Are you currently engaged in telepractice? Yes _____ No _____
Do you or your spouse hold active military status? I do _____ My spouse does _____ No _____

Required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017 Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96- 1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105- 163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission. Employee Classification Section North Carolina Industrial Commission 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: emp.classification@ic.nc.gov: I have read this statement

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

- I certify that I have read and understand the Public Notice Statement from the North Carolina Industrial Commission appearing above regarding the classification of employees and further certify that I (_____ have) (_____ have not) been investigated for employee misclassification within the past three (3) years.
If you have been investigated for employee misclassification within the past three years, you must submit the results of that investigation to the Board of Examiners for Speech and Language Pathologists and Audiologists before your license renewal will be considered complete.

YOUR LICENSE WILL NOT BE RENEWED UNTIL BOTH THE FEE AND THIS FORM HAVE BEEN RECEIVED IN THE BOARD'S OFFICE.

Signature

Date