



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 Email: newman@ncboeslpa.org www.ncboeslpa.org

Name:
Address:
City: State: Zip code:
Employer(s):
Employer(s) Address(es):
City: State: Zip code:
Home or Cell Phone: Work Phone:
Email Address: Bilingual Language:

Your North Carolina License No. in Speech Language Pathology/ Audiology.

The renewal fee is \$60.00 and is due on the date your license was issued. If you pay via check or money order those are made payable to NCBOESLPA and you need to write your NC speech language pathology or audiology license number on the memo line. Do not mail in cash. If you are not renewing online, return this form and payment. You're required to provide your signature verifying that you are in compliance with the Board's continuing education requirement (21 NCAC 64 .0218). The Board conducts random audits, you don't have to submit CE unless it is requested. CE requirements are located here: https://ncboeslpa.org/resources/continuing-education/.

Note: If you or your spouse hold Active Military status you don't have to pay the renewal fee. With your completed renewal form, you will need to submit official documentation showing active status. We do not accept copies of military ID's or Request and Authorization for Permanent Change of Station forms.

Our Public Notice Statement regarding Employee Misclassification is location on our website here: https://ncboeslpa.org/resources/statute-rules/. Note: If you have been investigated for employee misclassification within the past three years, you must submit the results of that investigation to the Board before your license will be renewed. Be advised that this will be the only courtesy notice sent to remind you of your license renewal and that your license will not be renewed until both the fee and this form have been received by the Board office.

I am following the Board's CE requirement. Yes ___ No ___
I have reviewed Article 22 and the Administrative Code. Yes ___ No ___
I will comply with Article 22 and the Administrative Code. Yes ___ No ___

**Have you ever had disciplinary action taken against you? Yes ___ No ___
**Is there any pending disciplinary action against you? Yes ___ No ___

Are you engaged in telepractice? Yes ___ No ___

Do you or your spouse hold active military status? Yes ___ My spouse does ___ No ___

I have read and understand the Public Notice Statement regarding Employee Misclassification. Yes ___ No ___
Have you been investigated for Employee Misclassification within the past three years? Yes ___ No ___
**by this or any other licensing board or professional association

Signature

Date

If this form is not complete it will be returned for completion before you license will be renewed.