



**STATE OF NORTH CAROLINA  
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS**

PO Box 16885, Greensboro, NC 27416-0885

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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 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 or money order, note that deposits are typically made on Fridays. 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? **Yes** \_\_\_ **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](mailto:emp.classification@ic.nc.gov) . 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.

I have read and understand the Public Notice Statement regarding Employee Misclassification **Yes** \_\_\_ **No** \_\_\_

I 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 FORM AND PAYMENT HAVE BEEN RECEIVED IN THE BOARD OFFICE.**

Signature

Date