



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: smaxfield@ncboeslpa.org Website: www.ncboeslpa.org

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Your North Carolina License No. _____ in _____ SLP/ _____ Aud (please ✓ one). The renewal fee is \$60.00 and is due on the date your license was issued. If you pay via check or money order, please make them payable to NCBOESLPA and write your NC speech language pathology or audiology license number on the memo line. **Do not mail cash.** If you are not renewing online, return this form with your payment. *If you renewed your license on the Board's website and received confirmation of renewal and payment you do not need to return this form.*

You are required to provide your signature verifying that you are in compliance with the Board's continuing education (CE) requirement (21 CAC 64 .0218). The Board conducts random audits. You are not required to submit CE unless you are audited. CE requirements are located here on the Board's website under "licensees" then click "continuing education".

*Note: If you or your spouse hold Active Military status, you are not required to pay the renewal fee. With your completed renewal form, you will need to submit official documentation showing active military status. **We do not accept copies of military IDs or Request and Authorization for Permanent Change of Station forms.** Please provide us with documentation relating to the service member's most recent active duty, including any relevant PCS orders or other military orders. Leave and earning statements (LES) are also acceptable. Photocopying of military identification cards is prohibited per Title 18, US Code Part I, Chapter 33, Section 701. If you and your spouse do not share the same last name we will need a copy of the marriage certificate as well.*

Primary Number: _____ Cell phone number: _____

Email Address: _____

Employer: _____

Employer Address: _____

I am renewing my license: Yes ___ No ___

Please affirm the following:

I am following the Board's Continuing Education 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 ___

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

Have you ever had disciplinary action taken against you by this or any other licensing board or professional association? Yes ___ No ___

Yes ___ No ___

Is there any pending disciplinary action against you by this or any other licensing board or professional association? Yes ___ No ___

Yes ___ No ___

Be advised that this will be the only courtesy notice sent to remind you of your license renewal. Your license will not be renewed until both the fee and this form have been received by the Board office or until you renew your license in your licensee portal at www.ncboeslpa.org.



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Employee Misclassification Statement

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

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapters 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)]

Have you been investigated for Employee Misclassification within the past three years?

Yes ___ No ___

Statement of Supervision

I understand that the Board requires that anyone (including but not limited to students, clinical fellows, licensees, assistant registrant applicants, and temporary assistant applicants) who will be providing services under my supervision will meet one of the following requirements:

1. Have a documented and signed agreement with the student's graduate/undergraduate/associate's program for a plan of supervision that the student will complete under your licensed supervision.
2. The individual must hold a temporary or full assistant registration under my license.
3. The individual must hold a temporary license and I must be listed with the Board as their approved supervisor.

I, the licensee, am responsible for submitting the registration documentation to the Board and ensuring the registration or temporary license has been issued before any services may be provided by the supervisee under my supervision. Allowing anyone to provide services as outlined in Article 22 and the Administrative Code is a violation of § 90-301A. **Unethical acts and practices (2).**

Signature

Date

By signing this renewal form, I certify that all information provided is true and accurate to the best of my knowledge and that I understand and am in compliance with the employee misclassification statement and the statement of supervision.

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

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