

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

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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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