



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

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Instructions & Information:

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 NCAC 64.0218). The Board conducts random audits. You are not required to submit CE unless you are audited. CE requirements are located on the Board's website under "licensees" then click "continuing education".

Note: If you or your spouse hold Active-Duty Status, you are not required to pay the renewal fee. With your completed renewal form, you will need to submit official documentation showing active-duty status. We **do not accept** copies of military ID 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 ID's 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.

## **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 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)]

## **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 license 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)**.

**\* Means required field**

\*Name: \_\_\_\_\_ \*NC License No. \_\_\_\_\_

\*Address Line 1: \_\_\_\_\_

\*Address Line 2: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Primary Number: \_\_\_\_\_ \*Cell Phone Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ (for Board use Only)

\*Employer: \_\_\_\_\_ \*Employer Address: \_\_\_\_\_

Please affirm the following:

\*I am following the Board's CE requirement.

Yes \_\_\_ No \_\_\_

\*I have reviewed and will comply with Article 22 and the Administrative Code.

Yes \_\_\_ No \_\_\_

\*Have you ever had disciplinary action taken against you *by this or any other licensing board or professional association?*

Yes \_\_\_ No \_\_\_

\*Is there any pending disciplinary action against you *by this or any other licensing board or professional association?*

Yes \_\_\_ No \_\_\_

\*Do you or your spouse hold active-duty status?

No \_\_\_ I do \_\_\_ My spouse does \_\_\_

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

Yes \_\_\_ No \_\_\_

\*Have you ever been convicted of a felony or a misdemeanor?

If yes, please provide your date of conviction, where you were convicted, the charges, and other relevant information. If the conviction was set aside, give the date and provide detailed information.

Yes \_\_\_\_ No \_\_\_\_

Date of Conviction: \_\_\_\_\_

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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 provided to me above. I certify that this form is complete and that if it is not complete, I understand I will be asked to complete the form before my license is renewed.

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\*Signature

\*Date