

BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

2021 LICENSE RENEWAL

**All licensees must complete the statements below:
(Except for Audiology Assistants)**

**I will have completed _____ CE hours for 2019 & 2020 by December 31st, 2020.
I understand that there will be a random audit of all licensees and that I may be asked to
provide additional information upon request. (You will be audited if this is left blank.)
Your signature is required.**

Signature of Applicant

Date

**1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE SPEECHLANGUAGE PATHOLOGY OR
AUDIOLOGY IN ANOTHER STATE OR COUNTRY? _____
IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.**

**2. HAVE YOU EVER HAD YOUR LICENSE OR CERTIFICATE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR
AUDIOLOGY IN ANOTHER STATE OR COUNTRY SANCTIONED, INCLUDING BUT NOT LIMITED TO REVOCATION,
REPRIMAND, SUSPENSION, FINE, ADDITIONAL REQUIREMENTS FOR SUPERVISION, ACADEMIC COURSEWORK, OR
ANY OTHER DISCIPLINARY ACTION? _____
IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE. (INCLUDE RELEVANT DATES.)**

**3. HAVE YOU EVER BEEN FOUND GUILTY OF UNPROFESSIONAL CONDUCT? _____
IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.**

**4. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDERE TO A FELONY OR TO A CRIME
INVOLVING MORAL TURPITUDE? _____
IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.**

**5. I UNDERSTAND THAT I AM RESPONSIBLE TO READ AND FOLLOW ALL STATUES AND RULES OF PRACTICE OF
THE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY.**

I attest that all statements on this renewal form have been completed truthfully.

Signature of Applicant

Date