

STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

**KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS**

REACTIVATION APPLICATION

Last Name First Name Middle Initial

Address

City State Zip Code

RETURN TO:
State Board of Examiners in Speech-
Language Pathology and Audiology
PO Box 2649
Harrisburg, PA 17105-2649

License Number _____

Name Change	Address Change
For a change of name, submit an 8½ x11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or court order.	

YES	NO	If you answer yes to questions 2-11, provide details AND attach certified copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If yes, please provide the profession and state or jurisdiction. List: _____
		2. Since your initial application or last renewal , whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal , whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal , whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		8. Since your initial application or your last renewal , whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		9. Since your initial application or your last renewal , whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		10. Since your initial application or your last renewal , whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		11. Are you an employee of an organization which is a corporation, partnership, trust, association or company which engages in the practice of Audiology or Speech-Language Pathology? If yes, complete attached Current Pennsylvania Employer form.

Rev. 06/16

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties form tampering with public records or information under 18 Pa.C.S .§ 49.11.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee **(Mandatory)**: _____ Date: _____

EXPIRATION DATE: →	NOTE: Upon reactivation, this license will expire July 31, 2018
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$46.00
<p><u>FEES ARE NOT REFUNDABLE. Check or money order must be in “US funds.”</u> Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.</p> <p>LATE FEE – a \$5.00 per month, or part of a month is required if you have been practicing since your license has expired.</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p>	

State Board of Examiners in Speech-Language Pathology and Audiology
P. O. Box 2649
Harrisburg, PA 17105-2649

VERIFICATION OF PRACTICE/NON-PRACTICE

*****Your reactivation application cannot be processed unless this page is completed. *****

Name _____

Address _____

License Number _____

Name of Profession _____

Date of Birth _____

Social Security Number _____

Be sure you are familiar with the definitions of the "practice of speech-language pathology" and the "practice of audiology" in the Speech-Language Pathologists and Audiologists Licensure Act prior to renewing/reactivating. Your answer below is applicable to the profession you have listed above.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? **CIRCLE ONE:**
YES NO
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? **CIRCLE ONE:**
YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

(Signature of Licensee)

(Date)

STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Requirements for Reactivation of your Pennsylvania license

IF YOUR LICENSE HAS BEEN INACTIVE/EXPIRED FOR LESS THAN 5 YEARS, PLEASE SUBMIT THE FOLLOWING:

1. A completed reactivation application.
2. A completed Verification of Practice/Non-Practice.
3. A personal statement explaining the circumstances and certified copies of supporting documents if you answered YES to any of the questions in items 2-10.
4. A Current Pennsylvania Employer Form completed by the employer and placed in a sealed envelope that includes the employer's return address matching the employer name listed on the form and give it to the licensee to submit with the reactivation application.
5. Copies of the certificates of completion for the required 20 clock hours of continuing education obtained during the 24-month period immediately preceding the date of reactivation. **NOTE: If you obtained your audiology or speech-language pathology license between 08/01/14 and 07/31/16, please submit a statement indicating that you are exempt from the continuing education requirement.** Continuing education regulations can be found at www.dos.pa.gov/speech (Sections 45.501-45.507).
6. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or DHS approved training in child abuse recognition and reporting requirements as a condition of renewal/reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
7. **Effective July 1, 2016**, provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
8. The current renewal fee. **Note: If you have been practicing in Pennsylvania while your license was expired/inactive, also include a \$5.00 per month late penalty fee.**

IF YOUR LICENSE HAS BEEN INACTIVE/EXPIRED ON OR OVER 5 YEARS:

- **In addition to providing reactivation documents you must also assure your continued competence. It can be accomplished by completing one of the following:**
 - Passing the Praxis examination within the last 5 years.
 - Completing a minimum of 50 hours of continuing education (20 hours required for each biennial period the license was lapsed or inactive).
 - Being currently licensed and practicing in another state that has reciprocity with Pennsylvania.

- **Please submit all of the following:**
 1. Items 1, 2, 3, 4, 6, 7 and 8 above.
 2. A current Curriculum Vitae.
 3. Letter(s) of good standing from each state where in you hold/held a license to practice speech-language pathology or audiology. The letter must be received DIRECTLY from the state board in its official sealed envelope.
 4. One of the following:
 - a. Examination scores reflecting passage of Praxis within the last 5 years received directly from NTE in an official sealed envelope. (Use code 8053 for Pennsylvania when requesting scores.)
 - b. Certificates of completion of at least 50 clock hours of continuing education, depending upon the number of years that the license is inactive/expired.
 - c. Verification of **current** licensure in another state that has reciprocity with Pennsylvania plus a letter from an employer verifying that you have engaged in the practice of speech-language pathology or audiology within the last 5 years.