

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
717-783-1389

RENEWAL APPLICATION

SL/AT License Number _____

Full Name

Street Address

City State Zip Code

Return To:
State Board of Examiners in Speech-Language
Pathology and Audiology
PO Box 8416
Harrisburg, PA 17105-8416

Check if appropriate

- ** ADDRESS CHANGE** – The address above is a new address and not on file with the Board
- ** NAME CHANGE** – The name above is not the current name on the licensure records. **You must submit a photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree indicating retaking of a maiden name or legal court document).**

SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS

Act 31 of 2014 – Continuing Education in Child Abuse Recognition and Reporting Requirements

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 the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable Board. Additional information regarding this requirement is posted on the Board’s website (www.dos.pa.gov/speech) by clicking on “Announcements”.

SECTION A - THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK “YES” OR “NO” FOR EACH QUESTION

YES	NO	If YES to #3 - #11 – provide details AND certified copies of legal document(s).
		1. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?
		2. 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”, List each here:
		3. 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?
		4. Do you currently have any disciplinary charges pending against your 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 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?
		6. 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.
		7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		8. 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?

	<p>9. 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?</p>
	<p>10. 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?</p>
	<p>11. 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?</p>
	<p>12. 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? This does not include self-employment, or employment by a school district or intermediate unit.</p>
	<p>13. Did you report your current employment information to the Board? (If you are not employed or self-employed, check yes). Please list the name of your employer below:</p> <p>_____</p> <p>If this is a new employer since your initial application or last renewal, whichever is later, in order for this renewal to be processed, have your employer complete and submit the Current Pennsylvania Employer form. The form is available on the Board's website at www.dos.pa.gov/speech, then click on the link General Board Information and then click on the link Renewals.</p>
	<p>14. Do you direct and/or supervise an Audiology Assistant or Speech-Language Pathology Assistant? If yes, please list the name(s) of the Assistant(s) below:</p> <p>_____</p> <p>If this is a new Assistant since your last renewal and an application has not been submitted, complete the Application for Filing Audiology and Speech-Language Pathology Assistant. The form is available on the Board's website at www.dos.pa.gov/speech, then click on the link General Board Information and then click on the link Renewals.</p>

CONTINUING EDUCATION – SELECT ONE BELOW. You are required to retain your official continuing education certificates of completion earned for this license renewal period until July 31, 2020 and provide them to the Board if requested.

- I have completed the required 20 hours of Pennsylvania Board approved continuing education courses from 08/01/14 thru 07/31/16.
- I wish to claim exemption from the continuing education requirements because my initial license was issued between 08/01/14 and 07/31/16.
- I have received **written approval from the Board** for an extension or waiver of the required continuing education based on an illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for **BOTH** failure to complete the requirements **AND** for falsifying a renewal.

INACTIVE STATUS

If you will not be practicing audiology or speech-language pathology in Pennsylvania after July 31, 2016, you may place your license on inactive status by checking the box below. The form must be completed in its entirety. **No fee or continuing education is required to maintain inactive status.**

- I will not be practicing audiology or speech-language pathology in Pennsylvania after July 31, 2016 and request inactive status.

I verify that this form 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 for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

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

EXPIRATION DATE:	07/31/2016 Note: Upon renewal the license will expire 07/31/18
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	Renewal fee: \$46.00
LATE FEE - \$5.00 per month, or part of a month Late renewal fee will be assessed if postmarked after July 31, 2016.	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES