STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS

REACTIVATION APPLICATION

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

License Number _____________________________

Name 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.

Address Change

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 any health-related 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 Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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 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 intertemperate or habitual use or abuse of alcohol or narcotics, hallucinogens 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.
Please select one of the below:

☐ I have completed the required 20 hours of Pennsylvania Board approved continuing education courses from 08/01/16 thru 07/31/18.

☐ I wish to claim exemption from the continuing education requirements because my initial license was issued between 08/01/16 and 07/31/18.

If your license has been lapsed/inactive for 5 years or more, select one of the below:

☐ I have taken and passed the Praxis examination within the last 5 years.

☐ I have completed a minimum of 50 hours of continuing education representing 20 hours for each biennial renewal period the license was lapsed or inactive.

☐ I am currently licensed and practicing in another state that has reciprocity with Pennsylvania. Please list state:____________________________

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. § 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: __________________

<table>
<thead>
<tr>
<th>EXPIRATION DATE:</th>
<th>NOTE: Upon reactivation, this license will expire July 31, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA”</td>
<td>$65.00 (Non-Refundable)</td>
</tr>
</tbody>
</table>

FEES ARE NOT REFUNDABLE. Check or money order must be in “US funds.” 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.

LATE FEE – a $5.00 per month, or part of a month is required if you have been practicing since your license has expired.

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTION AND ADDITIONAL MONETARY PENALTIES
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 place 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)
CURRENT PENNSYLVANIA EMPLOYMENT FORM

**NOTE: Your license cannot be reactivated until this document is received in the Board office. It must be accompanied by the Reactivation Application.**

I have a Pennsylvania Employer (   ) I do not have a Pennsylvania Employer (   )

LICENSEE – Complete top section and have your Pennsylvania employer complete the bottom section. If you have more than one employer, make copies of this page and have each employer complete one.

<table>
<thead>
<tr>
<th>Last Name (Please Print)</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td></td>
<td>License Number</td>
</tr>
</tbody>
</table>

EMPLOYER – Complete bottom section and give to licensee to submit with the reactivation application.

Print or Type Name of Employer

Street Address

City State Zip Code

In accordance with Sections 16 and 17 of the Speech-Language Pathologists and Audiologists Licensure Act of December 21, 1984, PL 1253, 63 P.S. §§ 1716 and 1717, I the undersigned, being duly authorized, certify that ___________________________________________________________________________, is the name of a corporation, partnership, trust, association, company, or organization, which engages in the practice of speech language pathology or audiology by the employment of individuals licensed under the provisions of this Act, submits itself to the rules and regulations of the State Board of Examiners in Speech-Language Pathology and Audiology and the provisions of the Act which the Board considers applicable.

VERIFICATION

I verify that the statements on this page 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.C § 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. (Notarization not required.)

<table>
<thead>
<tr>
<th>Pennsylvania Employer’s Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>
Requirements for Reactivation of your Pennsylvania license

IF YOUR LICENSE HAS BEEN INACTIVE/EXPIRED FOR FEWER 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. Complete page 4 only if you will have a Pennsylvania Employer. Fill in the top section of page 4 and provide it to your employer. Have employer complete the form and give to licensee to submit with the reactivation application. This form is not required if self-employed or employed by a school district or intermediate unit.

5. Submit 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 08/01/16 and 07/31/18, 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. All persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or Dept. of Human Services 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. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from date of issuance. 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 LAPSED/INACTIVE FOR 5 YEARS OR MORE, 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. Complete page 4 only if you will have a Pennsylvania Employer. Fill in the top section of page 4 and provide it to your employer. Have the employer complete the form and give to licensee to submit with the reactivation application. This form is not required if self-employed or employed by a school district or intermediate unit.

5. All persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or Dept. of Human Services 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.

6. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. 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.)

7. A current Curriculum Vitae.

8. Request a letter(s) of good standing to be forwarded directly to the Board from all state(s) where you hold/held a license to practice in any health-related profession. If you are requesting reactivation based on reciprocity, you must hold a current speech-language pathology or audiology license that has reciprocity with Pennsylvania.

9. Submit one of the below:
   a. Examination scores reflecting passage of Praxis within the last 5 years received directly from NTE. (Use code 8053 for Pennsylvania when requesting scores.) OR
   b. Certificates of completion of at least 20 clock hours of continuing education for each biennial renewal period, depending upon the number of years that the license is inactive/expired. OR
   c. A letter from an employer verifying that you have engaged in the practice of speech-language pathology or audiology within the last 5 years. (Must hold a current license to practice speech-language pathology or audiology that has reciprocity with Pennsylvania.)

10. 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.