

STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Regular Mail

P.O. Box 2649
Harrisburg, PA
17105-2649

Courier Delivery Address

PA Dept of State, Bureau of Professional and
Occupational Affairs
Attn: State Board of Examiners in Speech-
Language Pathology and Audiology
2 Technology Park
Harrisburg, PA 17110-2919

CURRENT PENNSYLVANIA EMPLOYMENT FORM FOR REACTIVATION OR RENEWAL

REACTIVATION – This form is not required if you are employed by a school district/intermediate unit or you are unemployed/self-employed.

RENEWAL - This form is not required if you are employed by a school district/intermediate unit, unemployed/self-employed or your current PA employer on file with the Board has not changed.

NOTE – THIS FORM MUST BE UPLOADED TO YOUR REACTIVATION APPLICATION OR RENEWAL APPLICATION IF REQUIRED.

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.

Last Name (Please Print) First Middle

Street Address (Please Print)

City (Please Print) State Zip Code

Social Security Number (Please Print) License Number

EMPLOYER – Complete bottom section and return to licensee.

In accordance with Sections 16 and 17 of the State Board of Examiners in Speech-Language Pathology and Audiology Licensure Act of December 21, 1984, PL 1253, 63 P.S. § 1716 and 1711, I the undersigned, being duly authorized, certify that _____, is the name of a (Name of corporation, partnership, trust, association, company or organization must be listed here) 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, and Hearing 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.)

Pennsylvania Employer's Signature Title Date

Street Address City State Zip Code

Print or type name of employer