



# BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

## 2024 LICENSE RENEWAL

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**