

STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
POST OFFICE BOX 16885, GREENSBORO, NORTH CAROLINA 27416-0885 Email: scapps@ncboeslpa.org
TELEPHONE 336-272-1828 www.ncboeslpa.org

APPLICATION FOR LICENSURE REQUESTING RECIPROCITY
INSTRUCTIONS TO APPLICANTS

NOTE TO APPLICANTS: The most common reason for delay in the consideration of an application is error in completing the application accurately, providing the required information, and following the instructions. Error can be avoided if you proceed in the application process carefully, thoroughly, and accurately. **IMPROPERLY COMPLETED APPLICATIONS WILL BE RETURNED.** If you have questions or need assistance, call the Board of Examiners at the above listed number.

1. Persons seeking license on the basis of reciprocity with another state must submit Section I of the application, a letter from the state in which they hold a license verifying that the license is current and in good standing, and an **official transcript** showing their master's/doctorate degree.
2. Applicants who do not hold license in another state must apply for temporary license (Section 90-298) by completing all Sections of the application and having the application signed by their Program Director. They must also provide
3. **All applications must be accompanied by an application fee of \$30.00 and license fee of \$60.00.** Send only checks or money orders made payable to the Board of Examiners for SLPA. New licenses and license renewal receipts will not be issued until the remitted checks have cleared the bank. The only exceptions will be those fees that are paid with money orders or certified checks.

<u>FEES:</u>	APPLICATION FEE.....	\$30.00
	TEMPORARY LICENSE FEE (SEY).....	\$40.00
	PERMANENT LICENSE FEE.....	\$60.00
	ANNUAL RENEWAL LICENSE FEE.....	\$60.00
	DELINQUENCY PENALTY FEE.....	\$25.00
	DUPLICATE LICENCE.....	\$10.00
	SERVICE CHARGE FOR RETURNED CHECKS.....	\$25.00
	VERIFICATION OF LICENSE TO OTHER STATES...	\$15.00

RETURNED CHECKS ARE SUBJECT TO A \$25.00 SERVICE CHARGE.

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Application for License Requesting Reciprocity

_____ Speech-Language Pathology _____ Audiology

Each question must be answered. Please type or print clearly in ink.

SECTION I

Ms.
Mr.
NAME: Dr. _____
(First) (Middle or Maiden) (Last)

PREFERRED MAILING ADDRESS: _____

(City) (State) (ZIP Code)

TELEPHONE: Home () Business: _____

EMAIL ADDRESS: _____

EMPLOYER: _____ Work Site Address: _____

SOCIAL SECURITY NUMBER: _____

Please list other languages in which you are fluent: _____

ASHA CCC ISSUED: _____ STATE IN WHICH CURRENT LICENSE HELD: _____

EDUCATION

<u>College or University</u>	<u>Major</u>	<u>Degree</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read Article 22 - Licensure Act for Speech and Language Pathologists and Audiologists and agree to abide by the Code of Ethics as outlined in Section .0300. Further, I certify that all information provided in this application is correct.

Applicant's Signature Date

IT IS BOARD POLICY NOT TO GIVE VERBAL INFORMATION CONCERNING BOARD ACTIONS ON APPLICATIONS IN ADVANCE OF WRITTEN NOTICE.