

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

**APPLICATION FOR PERMANENT LICENSURE IN SLP OR AUDIOLOGY REQUESTING
RECIPROCITY WITH A CURRENT LICENSE IN ANOTHER STATE**

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 a permanent license through reciprocity with a current license from another state must complete and sign the application form.
2. Submit an **official (not student copy) transcript** verifying that the master's/doctorate degree has been conferred.
3. Persons seeking license on the basis of reciprocity with another state must submit written verification from the state of current licensure. This verification should be mailed directly to the N.C. Board of Examiners from the other state licensing board.
4. All applicants must complete and submit the Speech-Language Pathology or Audiology Quiz.
5. **All permanent applications must be accompanied by an application fee of \$30.00 and a permanent license fee of \$60.00.** Send only checks or money orders made payable to the Board of Examiners for SLPA. You may also pay with PayPal on the Board's website. 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, certified checks, or PayPal.

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| <u>FEES:</u> APPLICATION FEE..... | \$30.00 |
| 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 |

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

(APPLICATION FORM BEGINS ON THE NEXT PAGE)

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SPEECH AND LANGUAGE PATHOLOGY _____ **OR 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: (_____)

Employer: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

Please list other languages in which you are fluent: _____

ASHA CCC Issued: Yes _____

No: _____

List states in which you hold a current license: _____

Do you or your spouse hold current military status: I do: _____

My Spouse Does: _____

No: _____

EDUCATION

College or University

Major

Degree

Date

Has disciplinary action ever been taken or is disciplinary action pending against you by a licensing board or professional association? _____ If so, please attach an explanation.

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 .300. 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.**