



APPLICATION for **REINSTATEMENT** of a Lapsed or Revoked
SPEECH LANGUAGE-PATHOLOGY or AUDIOLOGIST LICENSE

GEORGIA STATE BOARD OF SPEECH-LANGUAGE PATHOLOGY and AUDIOLOGY
237 Coliseum Drive * Macon, Georgia 31217

Phone (404) 424-9966 * [Board of Speech Pathology and Audiology | Georgia Secretary of State \(ga.gov\)](#)

To be considered for reinstatement of your license, you must meet the requirements of the Board rules and law that are in effect at the time the application is received by the Board. Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech-Language Pathology and Audiology in the State of Georgia to ensure that you meet the current requirements. The rules and laws can be viewed on the Board website.

If you would like for the Board to consider a waiver or variance of a Board rule, you must submit the Waiver/Request form in accordance with O.C.G.A. § 50-13-9.1(c) for the Board to consider your request. The Waiver/Variance Request form can be downloaded from the Board website, the Application/Form Downloads link.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Please mail in a 9 X 12, or larger, envelope with pages unfolded and unstapled. Incomplete applications result in delayed processing. Incomplete applications are void and withdrawn after sixty (60) days pursuant to administrative policy.

- APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE**. All questions must be answered. Any question answered "yes" require further documentation to be submitted. Attach copies of official court documents and a written explanation of the incident(s) if you have ever been arrested, had any criminal convictions or charges, or sanctions by another state licensing board. Approval of licensure is at the Board's discretion.
- CONTINUING EDUCATION:** You must meet the criteria as outlined in Board Rule 609-8-.03 to be considered for reinstatement of your license. This rule can be viewed on our website listed above. You must **submit copies of continuing education certificates and descriptions of courses taken with this application**. In addition, the submission with this application of the CE Report Form, page 5 of this application, completely and accurately filled out also is required. Failure to do so **will result** in delays in the processing of your application.

PLEASE NOTE: BOARD POLICY REGARDING SUBMISSION OF CONTINUING EDUCATION HOURS:

All applicants must provide information in compliance with Board Rule 609-7-.01. The information submitted must include a certificate of completion, a course outline of each program attended and the completed page 5 of this application, the CE Report Form. **The information submitted must be organized & concise.** Information that is submitted that is scant or excessive will be returned for the applicant's resubmission. **The return of information to the applicant will extensively delay the process.**

- EXPLANATION OF LAPSED LICENSE:** A letter explaining since the expiration of your license, why your license was not renewed in a timely manner, name(s) of all employers and duties performed by you as an employee. If you have not been employed as a Speech-Language Pathologist or Audiologist since the expiration of your license, please explain also.
- PRAXIS EXAM:** If license has been expired for 36 months or greater, you must retake and pass the PRAXIS exam within two (2) years of the date of application.

- NATIONWIDE FINGERPRINT BACKGROUND CHECK RESULTS:** Each applicant for licensure as a Speech-Language Pathologist or Audiologist shall register and provide fingerprints for a nationwide criminal background check to be conducted at the applicant's expense. **The instructions and vendor** for the background check can be found with the documents on the Board's website (same location you downloaded this application from) and linked to on the on the Board's homepage - "Background Fingerprint Instructions". SLP Aides and Audiology Assistants are not required to be fingerprinted.

***NOTE:** This is a new requirement under O.C.G.A. 43-44-6(a)(14) and O.C.G.A. 43-44-8(a)(6). Failure to comply with this requirement will delay the processing of this application for licensure and may result in the application being denied.

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____



FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

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APPLICATION TO REINSTATE LICENSE – SLP or AUD

Application FEE \$210.00 (non-refundable)

(Application fee includes a \$10 mail in application processing fee)

(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20)

Name _____
Last First Middle (Maiden)

License Number **Speech** _____ **Audiology** _____
 Expiration Date _____ **Expiration Date** _____

E Mail Address _____
(Please print E-Mail Address CLEARLY)

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Physical Address _____
Number and Street (P.O. Box not acceptable) Apt. No City/State Zip

Mailing Address: _____
(if different) Number and Street (P.O. Box OK) Apt. No City/State Zip

Telephone Number Day Telephone Number Evening Cell Phone Number

_____/_____/_____
*Social Security Number Date of Birth (mm/dd/year)

**(This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)*

Other State/Jurisdiction Licenses

If you hold or have ever held a license to practice as a SLP or Audiologist in any state other than Georgia, you must provide verification of licensure in those states, even if the license is expired.

State _____ License Number _____ Date Issued _____ Expiration Date _____

State _____ License Number _____ Date Issued _____ Expiration Date _____

PROFESSIONAL BACKGROUND: ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 7, ATTACH A DETAILED EXPLANATION AND OTHER REQUIRED SUPPORTING DOCUMENTATION.

Yes No

1. Are you unable to practice safely as a result of use of alcohol or other drugs?

Yes No

2. Have you been denied registration, professional licensure or renewal because of a license disciplinary proceeding?

Yes No

3. Have you ever had a license or registration for a Speech-Language Pathology Aide, Speech-Language Pathologist, Audiologist or any other profession revoked, suspended or annulled or otherwise disciplined, including by private order?

Yes No

4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?

Yes No

5. Have you been convicted of any criminal offense?

Yes No

6. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

Yes No

7. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

Yes No

8. Have you previously applied for the same registration for which you are currently applying?

If "yes" name under which application was submitted: _____

Yes No

9. Have you practiced your profession in the state of Georgia since the expiration of your license, other than practice in a public-school system where you are employed by the school system?

NOTE: New for 2023 and forward: Fingerprint Background Check is required. See page 1 of the instructions. Once you have submitted the application for reinstatement, register for the background check and wait for Board approval to complete the check

AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Speech Language Pathology and Audiology (SLPA) and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the listing of acceptable documents on the website.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.** See list of acceptable documents on the website.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of SLPA and/or criminal prosecution.

My signature below certifies that all information on this application is complete and correct to the best of my knowledge and belief. I acknowledge that all statements made on this application concerning my qualifications and training are subject to verification by the Georgia State Board of Examiners for Speech-Language Pathology and Audiology. I understand that as a Speech-Language Pathology Aide I may only provide those services authorized by the Georgia State Board of Examiners for Speech-Language Pathology and Audiology.

Date

Signature of applicant

Sworn to and subscribed before me this

_____ day of _____, 2____. My commission expires on: _____

Notary Public

Notary Seal

CONTINUING EDUCATION REPORT

Duplicate this form if necessary, to include all CE that is to be considered. **NOTE:** CERTIFICATES OF ATTENDANCE AND A COURSE DESCRIPTION OF EACH COURSE TAKEN IS ALSO REQUIRED. FAILURE TO COMPLETE AND SUBMIT THIS FORM, AND SUPPORTING DOCUMENTS, **WILL DELAY THE PROCESSING** OF YOUR APPLICATION FOR REINSTATEMENT OF THE LICENSE.

LICENSEE NAME:	Speech License #:	Audiology Lic. #:
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Course Date(s)	Session Hours	SLP CEU Hours	AUD CEU Hours

PRESENTATIONS (MAXIMUM 0.5 CEU'S [5 HOURS])

DOCUMENTATION REQUIRED

Please attach all CE documentation. Examples: certificate of attendance including the sponsoring agency, course outlines/descriptions, the licensee’s name, the date of the activity, and the length of the session. For licensee presentations, a description of the subject material, the dates, and the hours involved must be submitted.

AFFIDAVIT

Under penalty of perjury, I attest to the truth and accuracy of all statements made and answers provided in this application.

Signature of Applicant	Date	Printed Name of Applicant

Sworn to and subscribed before me this _____ day of _____, 20____.

_____ Notary Public NOTARY SEAL

My Commission Expires _____