

**WEST VIRGINIA BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**
99 Edmiston Way, Box 11 Suite 214 – Buckhannon, WV 26201
PHONE - 304-473-4289 FAX – 304-473-4291

2022 RENEWAL APPLICATION FOR YRS. 2023-2024
RENEW ONLINE @ WWW.WVSPEECHANDAUDIOLOGY.COM

TO MAIL THE APPLICATION FILL IN ONLINE OR DOWNLOAD THE APPLICATION AND:

1. Please print in ink or type.
2. Answer all questions. Write "NOT APPLICABLE" if no other response is appropriate.
3. Mail completed application.
4. Make check payable to WVBESLPA

License Number(s): _____ SLP ☐ AUD ☐ DUAL ☐ (check one)

ACTIVE DUTY MILITARY: SLP ☐ AUD ☐ DUAL ☐ SPOUSE ☐ N/A ☐
(submit copy of military ID)

FULL NAME: _____
LAST FIRST MIDDLE NAME/INITIAL MAIDEN

HOME ADDRESS: _____
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

Email Address: _____ Last 4 digits of SSN: _____

CONTACT PHONE # _____

EMPLOYMENT RECORD: Employer/Facility where you are currently providing services in WV, e.g., ABC Health Contracting - XYZ Rehab Center w/the WV facility address(es). You are required to notify the Board within 30 days of a change in employment.

If Dual Licensee, Employed as: AUDIOLOGIST ☐ SPEECH-LANGUAGE PATHOLOGIST ☐

EMPLOYERS NAME: _____
☐ FULL TIME ☐ PART TIME Starting Date: _____

ADDRESS: _____
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

PHONE NUMBER: _____ EXTENSION: _____

If you work for more than one employer, please complete the following for your second employer.

If Dual Licensee, Employed as: AUDIOLOGIST ☐ SPEECH-LANGUAGE PATHOLOGIST ☐

EMPLOYERS NAME: _____
☐ FULL TIME ☐ PART TIME Starting Date: _____

ADDRESS: _____
NUMBER STREET APT. NO.

CITY COUNTY STATE ZIPCODE

PHONE NUMBER: _____ EXTENSION: _____

CONTINUING EDUCATION

☐ I attest I have completed the 2021 & 2022 continuing education requirements for renewal of my WV license.

The CE requirement is 20 approved hours in the profession of Speech Pathology or Audiology. A dual license requires 15 hours in each profession, a total of 30 hours. **IMPORTANT: TWO (2) HOURS OF ETHICS CONTINUING EDUCATION IS REQUIRED EVERY 2 YEARS.** The Ethics CE is included in the total requirement of 20 hours (30 hours for Dual), it is NOT in addition to the total requirement.

DO NOT SUBMIT CONTINUING EDUCATION UNLESS YOU RECEIVE A CE AUDIT NOTIFICATION.

If an initial license was issued during the 2021-2022 licensing period, please see page 3 for the pro-rated continuing education requirements.

- A. ☐ Yes ☐ No Have you ever had ANY license request denied or ANY held license revoked or suspended?
- B. ☐ Yes ☐ No Have you ever been convicted or plead guilty contendere to a felony, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside?
- C. ☐ Yes ☐ No Have you ever been found guilty of unethical practices in the conduct of ANY business or profession?
- D. ☐ Yes ☐ No Are you presently being treated for any serious contagious disease, mental incompetency or addiction to a controlled substance, narcotic or alcohol which is likely to endanger the health, welfare or safety of the public?

If Yes, to any answer A through D, please provide detailed information on separate sheet.

- E. ☐ Yes ☐ No Do you operate all or part of a business In West Virginia?
If the answer Is "Yes" please enter your FEIN Number

FEIN # ____--_____

Pursuant to West Virginia Code Chapter 48A-5A-5(c) each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- | | |
|--|--|
| 1. Do you have a child support obligation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If the answer to question 1 is yes, are you in arrearage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If the answer to question 2 is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you the subject of a child support related subpoena or warrant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, revocation or suspension of your license.

I _____ do hereby certify, under penalties of perjury and false swearing, that the above questions are true and correct to the best of my knowledge.

Applicant's Signature

Date

RENEWAL FEES:

| | |
|--|----------|
| 1. Renewal - Speech-Language Pathology or Audiology - 2 years | \$175.00 |
| 2. Dual renewal - Speech-Language Pathology and Audiology - 2 years | \$250.00 |
| 3. Renewal late fee - Jan. 1, 2023 - December 31, 2023 | \$ 75.00 |
| 4. Reinstatement fee - Jan. 1, 2023 - five years after expiration date | \$100.00 |

Save a stamp! Go to <http://www.wvspeechandaudiology.com> and click online renewal!

Licensing Period Ending December 31, 2022

PRO-RATED CONTINUING EDUCATION REQUIREMENTS

INITIAL LICENSE RECEIVED**January 1, 2021 – June 30, 2021****July 1, 2021 – December 31, 2021****January 1, 2022 – June 30, 2022****July 1, 2022 – December 31, 2022****CE REQUIREMENT FOR RENEWAL****20 hours (including 2 hours of ethics)****15 hours (including 2 hours of ethics)****10 hours (including 1 hour of ethics)****NO CEs REQUIRED FOR RENEWAL**