VIRGINIA BOARD OF
AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
Perimeter Center - 9960 Mayland Drive, Suite 300 - Richmond, Virginia 23233-1463
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Phone: 804-367-4630

REINSTATEMENT APPLICATION CHECKLIST FOR AN EXPIRED LICENSE

Please review the following checklist/instructions to ensure that your application is complete prior to submission for review (ALL FEES ARE NON-REFUNDABLE):

- ❑ Audiologists and Speech-Language Pathologists – submit completed application and fee of $135 made payable to the Treasurer of Virginia.
- ❑ School Speech-Language Pathologists – submit completed application and fee of $70.00 made payable to the Treasurer of Virginia and provide a copy of current endorsement from Virginia Department of Education.
- ❑ All applicants must provide written verification of any state licenses you have ever held, to include current, inactive and expired licenses.

Audiologists/SLPs – if license has been lapsed less than five (5) years, licensee must provide:

- ❑ CE Activity & Assessment Form and documentation of 15 continuing competency hours for each year the license has been lapsed, not to exceed 60 hours obtained during the time the license in Virginia was lapsed.

Audiologists/SLPs – if license has been lapsed for more than five (5) years, licensee must meet one of the options listed below

☐ **Option 1**
(1) CE Activity & Assessment Form and documentation of continuing competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been lapsed; (2) Written verification of current licensure in another jurisdiction in the United States AND evidence of active practice for at least three of the past five years.

☐ **Option 2**
(1) Written verification of Certificate of Clinical Competence from ASHA/ABA issued within six months prior to application; (2) Written verification of passing the qualifying examination PRAXIS within the past three years **OR** written employment verification on company letterhead confirming active practice for at least one year of the past three years.

☐ **Option 3 for SLPs only**
(1) An OFFICIAL transcript of a master's or its equivalent from an accredited college or university conferring degree; (2) Written verification of passing the qualifying examination PRAXIS within the last three years **OR** written employment verification on company letterhead confirming active practice for at least one year of the past three years.

☐ **Option 4 for Audiologists only**
Audiologists who do not meet the requirements of Option 1 or Option 2 may qualify for a provisional license if the educational and examination requirements were met at the time of initial licensure (see 18VAC30-20-160.C)

All documentation must be submitted directly from the sources to the Board office
NO COPIES OR FAXES

SEE IMPORTANT INFORMATION ON PAGE TWO

► **Application Receipt Confirmation/Licensure**

- Confirmation of receipt of application and missing items is forwarded via e-mail notification.
- Licensure notification is forwarded via e-mail upon completion of application processing.
- License permits and wall calligraphy are mailed within two days of issuance.

► **Permit Expiration Dates**

- Licensure permits issued prior to July 1st will expire on December 31st. Permits issued on or after July 1 will expire December 31st of the following year.

► **Board Communication**

- E-mail address: the Board's preferred method of communicating newsletters, regulatory updates and other important information is through e-mail notifications. Maintaining a current e-mail address with the Board office provides a mechanism for up-to-date and cost effective communication.
- To receive automatic board activity updates, you may request to receive automatic e-mail notifications through the Public Participation Guidelines (contact board office) or Townhall at www.townhall.virginia.gov.

► **On-Line Licensing and pin number**

- A pin number is assigned upon issuance of a licensure permit. Licensees are encouraged to renew on-line, change addresses and request duplicate permits.

► **Audiology Speech-Language Pathology Webpage:** www.dhp.virginia.gov/aud/
The website offers the most current changes to the laws/regulations, frequently asked questions, statistics, license look-up, forms and guidance documents

COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Audiology and Speech Language Pathology

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Phone: (804) 367-4630
Website: www.dhp.virginia.gov

Application for Reinstatement of an Expired License

☐ Audiologist ☐ Speech-Language Pathologist ☐ School Speech-Language Pathologist

1. Legal Full Name (Please Print or Type)

Last	First	Middle	Maiden Name or Suffix

Have you ever been known by any other name? [ ] Yes [ ] No If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. If name change was made by court order, enclose herein a certified copy of such order.

Address of Record (Mailing Address)	City	State	ZIP Code	Telephone No.
Publicly Disclosable Address	City	State	Zip Code	Telephone No.

ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals **are not posted** on the "License Lookup" program available through the board's website.

*Social Security No. or Virginia DMV No.	Date of Birth (Mo/Day/Yr)	E-mail Address

Graduation Date (Mo/Day/Yr)	Professional Degree(s)	School	City	State

Print legal name as you wish it to appear on wall certificate:

2. Have you met the current continuing competency requirements? Yes ___ No ____ If yes, provide documentation of continuing competency and include CE assessment form.

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	RECEIPT #	BASE STATE	ASHA/ABA	LICENSE #	ISSUE DATE

3. List all jurisdictions in which you have ever been issued a license (active, inactive, expired) to practice audiology and/or speech-language pathology. If more space is needed, please record on separate paper.

Jurisdiction	How Licensed	License #	Issue Date	Years of Practice	License Status

QUESTIONS MUST BE ANSWERED. If any of the following questions (4-11) are answered yes, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

	YES	NO
4. Have you been actively engaged in the practice of Audiology and/or Speech-Language Pathology for three years out of the past consecutive five years? If **yes**, employer must directly submit employment verification on company letterhead documenting work history dates. **No copies or faxes.**	____	____

5. List all professional practice in reverse chronological order for the last 36 months.

Began Date ____ ____ Month Year	Ended ____ ____ Month Year	Name of Practice/Address/Phone	Type of Practice

	YES	NO
6. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor to include convictions for driving under the influence (DUI) and excludes? Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to considered with you application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).	____	____
7. Have you ever had any of the following disciplinary actions taken against your license to practice Audiology and/or Speech Language Pathology? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? **If yes**, the regulatory agency authorized to take such action(s) must submit documentation of any disciplinary action taken against your license to include notices, orders, etc.	____	____
8. Are you currently under disciplinary investigation by any jurisdiction? **If yes**, give jurisdiction. _____	____	____
9. Have you had any malpractice suits brought against you in the last ten years? **If yes**, how many? ___ Provide details and documentation. Letters must be submitted by your attorney regarding malpractice suits.	____	____
10. Have you been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? **If yes**, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	____	____
11. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? **If yes**, provide a letter from your treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	____	____

12. AFFIDAVIT OF APPLICANT (THIS SECTION MUST BE NOTARIZED)

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Audiology and Speech-Language Pathology any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information, which is material to my application and me. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice Audiology and/or Speech-Language Pathology in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available on www.dhp.virginia.gov/aud/ and I fully understand that funds submitted as part of the application process shall not be refunded.

_____

Signature of Applicant

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission expires _____.

_____

Signature of Notary Public

NOTARY SEAL