



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners in  
 Speech-Language Pathology and Audiology**  
 110 Centerview Dr. • Columbia • SC • 29210  
 P.O. Box 11329 • Columbia • SC 29211-1329  
 Phone: 803-896-4655 • Contact.Speech@llr.sc.gov • Fax: 803-896-4719  
 llr.sc.gov/aud

**REACTIVATION OF INACTIVE LICENSE APPLICATION**

**Submit the following with your application to the above address:**

- Check or money order only, made payable to SC Board of Speech-Language Pathology and Audiology (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds. **NO CASH IS ACCEPTED.**

**TYPE OF LICENSURE** (check one):

- \$120 – SPEECH LANGUAGE PATHOLOGY (SLP)
- \$120 – AUDIOLOGY (AUD)
- \$240 – DUAL LICENSURE (SLP & AUD)

- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Proof of sixteen (16) hours of approved continuing education for every two-year period of inactive licensure.
- Legal name change documentation (If name has changed since you were last actively licensed)

**Have submitted directly from the institution to the Board:**

- ASHA Certification (if applicable)

**ASHA CERTIFICATION** (if applicable):

- SLP Expires: \_\_\_\_\_ Member No.: \_\_\_\_\_
- AUD Expires: \_\_\_\_\_ Member No.: \_\_\_\_\_

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No Former Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than above)

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PERSONAL HISTORY QUESTIONS**

Answer all the questions below; you are required to include a written statement with your application for any questions marked “Yes.” If you answer “Yes” to an arrest or conviction you will need to have the court mail, directly to our office, the disposition and you will need to have a statewide background check mailed in directly from the law enforcement agency.

**Since you were last actively licensed with SC SLPA Board:**

1. Have you been notified to appear or appeared before any professional or occupational licensing Jurisdiction/agency for a hearing or complaint?  Yes  No

2. Have you had a license denied, suspended, revoked, disciplined or restricted by any professional or occupational licensing agency for any reason?  Yes  No
3. Have you resigned from employment or surrendered a professional or occupational licensing agency for any reason?  Yes  No
4. Are you a habitual user of alcohol or any other drug to a degree which prohibits you from safely practicing as a Speech Language Pathologist or Audiologist?  Yes  No
5. Is your ability to practice speech pathology or audiology presently impaired by any disease, physical, mental or emotional condition?  Yes  No
6. Have you been convicted of or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs, alcohol or moral turpitude (you may exclude minor traffic violations, juvenile and/or expunged violations)?  
If yes, you will need to submit a statewide background check from the state where the incident occurred, court disposition and any other legal documentation.  Yes  No

**CERTIFYING STATEMENT**

I, \_\_\_\_\_, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Print Name of Notary: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**PRIVACY DISCLOSURE**

South Carolina law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.