Kentucky Board of Speech-Language Pathology and Audiology
Public Protection Cabinet – Department of Professional Licensing
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 892.4254 | Fax: (502) 564.4818 | BDN.ky.gov | dn@ky.gov

APPLICATION FOR RENEWAL BY REINSTATEMENT

Licensing Options (check one):

- ☐ Speech-Language Pathology
- ☐ Audiology
- ☐ Speech-Language Pathology Assistant

INSTRUCTIONS

1. A payment by check or money order made payable to the Kentucky State Treasurer for:
   a. For an SLP, SLP-A, or AUD, a biennial renewal fee of $100, plus a delinquency fee of $150, for a total payment of $250; or
   b. For dual licensure for an SLP and AUD: a biennial renewal fee of $200, plus a delinquency fee of $300, for a total payment of $500.
   c. DO NOT SEND CASH.
2. The applicant shall submit a criminal background investigation performed within the last ninety (90) days by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI), which shall be sent by the KSP and FBI directly to the Board. The applicant is responsible for the payment of any fee to the KSP and FBI.
3. All degrees applicable to Licensure must be documented by a CERTIFIED COPY of the official transcript. The transcript must be sent directly to this office by the school registrar. No action will be taken on your application until necessary transcripts are received.
4. Mail to Kentucky Board of Speech-Language Pathology and Audiology, P. O. Box 1360, Frankfort, Kentucky, 40602.
5. Please Type or Print All Information

SECTION 1: GENERAL APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: ____ License Number: _____

Mailing Address: Street_____ City: _____ State: _____ Zip Code: _____

Business Address: Street _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____ D.O.B. _____

SSN (Last 4): _____ Present Place of Employment: _____

Present Place of Employment E-mail Address: _____

Expired KY license number: _____ Telephone Number: _____

SECTION 2: GENERAL QUESTIONS

Please answer each of the following questions by putting a check in the appropriate box on the right.
· You must answer each question with a "Yes" or "No" or "Not Applicable" ("N/A") if this option is provided. No other response is acceptable.
· **All "Yes" answers MUST be explained in detail on a separate SIGNED statement and submitted with the application.**
· Applicants should be aware that answering "Yes" to some questions may necessitate special screening procedures by the board.
· Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1. Do you currently hold an active or inactive license in any other state(s)? If yes, please list the state(s): _____. **You must request that a letter of good standing be sent directly to the Board from all states in which you hold, or have held, a license.** YES NO

2. Do you have an expired license from any other state(s)? If yes, please list the state(s): _____ _____. YES NO

3. Have you ever had any application for any professional license denied by any licensing authority? If yes, please list where and when. YES NO

4. Have you ever had a license denied, suspended or revoked in any state or have you ever received a reprimand as a result of unethical, immoral or illegal conduct by any licensure board or agency? If yes, explain. YES NO

5. Is there any disciplinary action pending against you by any licensing jurisdiction other than Kentucky? If YES, where and when? YES NO

6. Are you a member of the military or a military spouse? If yes, please attach proof of the following: (1) proof of issuance of a valid license, permit, certificate or other document issued by another state that is active or has been expired for < 2 years and that it is in good standing or was upon the date of expiration; DD-214 form or other proof of active or prior military service with an honorable discharge, discharge under honorable conditions, or a general discharge under honorable conditions; proof of marriage to an active duty member of the Armed Forces of the U.S., if applicable; and proof that the military spouse is assigned to a duty station in this state and that the applicant is also assigned to a duty station in this state pursuant to the spouse's active duty military orders. YES NO

7. Have you ever violated or been formally charged with a violation of any professional code of ethics? If yes, list where and when. YES NO

8. Have you ever been convicted, pled guilty, or pled nolo contendre (no contest) to a felony conviction, whether or not sentence was imposed or suspended? If YES, where and when? If YES, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. YES NO

9. Have you ever been named as a defendant to a civil suit related to your profession? If yes, please list where and when. YES NO

10. Do you currently have a disability or medical condition that interferes with your ability to competently and safely perform the essential functions of speech-language pathology? If YES, please explain. YES NO

11. At any time in the last five (5) years have you engaged in the illegal use of any controlled substance on a regular or occasional basis? If YES, please explain. YES NO

12. Are you currently being treated for alcohol or other substance use? If YES, please explain. YES NO

13. Are you under an adjudication or other diversion agreement which suspends or defers sentencing for a crime? If "Yes", give details and attach supporting documentation YES NO

14. **Date of expiration of your Kentucky License:**

15. List all places of employment and dates since your license expired in Kentucky:

SECTION 3: CONTINUING EDUCATION

You must attach evidence of completion of (30) thirty hours of continuing education in the past twenty-four (24) months in accordance with 201 KAR 17:090, Section 6. If you do not have these hours, you may attach a letter requesting an extension (up to one year) to fulfill the minimum CEU requirement.

SECTION 4: AFFADAVIT

I hereby certify that all information provided by me on this form is true and complete to the best of my knowledge. *(Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines states.)*

Signature (Required) : _____ Date: _____

SECTION 5: FOR APPLICATIONS FOR REINSTATEMENT OF SLIP-ASSISTANT LICENSE

THIS SECTION MUST BE COMPLETED BY THE SLP-A SUPERVISOR IF APPLYING FOR REINSTATEMENT OF SLP – ASSISTANT LICENSE. Incomplete forms will be returned. Please check the appropriate box or boxes:

Licensee's Name: _____ Telephone Number: _____

School System: _____ Business Telephone Number: _____

School Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

☐ I am the original supervisor for this licensee.

☐ I am not the original supervisor for this licensee. I began supervising this individual on _____.

☐ I recommend that this individual's speech-language pathology assistant license be reinstated and hereby agree to provide supervision as required by KRS 334.035 (2) and as defined by 201 KAR 17:027 for this licensee to function as a speech-language pathology assistant during the period of this license. I further agree to accept responsibility for the practice and activities of this licensee in his/her capacity as a speech-language pathology assistant. I acknowledge that the failure to utilize this person appropriately as a speech-language assistant and to supervise in accordance with the above cited provisions of Chapter 334A of the Kentucky Revised Statues and the administrative regulations promulgated thereunder, shall be considered as aiding and abetting an unlicensed person to practice speech-language pathology as described in KRS Chapter 334A.

☐ I do not recommend that this individual's speech-language pathology assistant license be reinstated. Please explain on a separate sheet of paper and attach to this reinstatement application.

Supervisor's Comments: _____

_____

I hereby certify that all information provided on this form is true and correct to the best of my knowledge.

Supervisor's Signature: _____ Date: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ License # and/or KY Teaching Certificate Number: _____