

Incomplete applications will not be accepted. Please do not submit without all copies of CEU verifications and required fee for relicensure.

## Application for Relicensure

### Board of Examiners for Speech-Language

#### Pathology

810 N. Main Street, Suite #298  
Spearfish, SD 57783  
605-642-1600  
doh.sd.gov/boards/speechpath/

### For Board Use Only

Date Received: \_\_\_\_\_

\$ \_\_\_\_\_ CK# \_\_\_\_\_

Approved By: \_\_\_\_\_

Relicensure Period: \_\_\_\_\_

#### Instructions for Relicensure:

1. Applicants seeking relicensure must complete this form and pay the renewal fee via check or money order. Make checks payable to the SD Board of Speech-Language Pathology.
2. Continuing education required – All licensees must provide proof they completed at least (20) contact hours or 2.0 CEUs (continuing education unit) for each two-year renewal period. Ten contact hours equal one CEU. The following documentation can be submitted along with the renewal application (**do not send CEU documentation separately it must be sent in WITH your renewal application**):
  - a. Certificate of attendance
  - b. Unofficial college transcript (one college credit = 15 contact hours or 1.5 CEUs)
  - c. ASHA CEU transcript
3. The Board recommends that each licensee keep a personal file with all accumulated continuing education data throughout the licensing period. Please send copies only (keep original documents for your records). If submitting unofficial transcripts please submit a copy of transcripts for that course only or highlight the course taken so it is easily visible to the Document Review Officer.
4. If not renewing, please notify the Board as soon as possible by completing the renewal form to the point of "I Will Not Be Renewing" and return to the Board office.
5. Renewal fees are as follows:

#### Biennial Renewal Fees for Each Licensure Level

Speech-Language Pathologist	\$150.00
Provisional License	\$150.00
Limited License	\$150.00
Speech-Language Pathologist Assistant	\$100.00

6. A late fee of \$50.00 must be added to your renewal fee for renewal applications received after October 31<sup>st</sup>.
7. Applicants who fail to renew their license within 180 days from the date of expiration will be required to reapply for licensure and all applicable fees will apply.

Your level of Licensure: \_\_\_\_\_ License Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

( ) **The above is an address change**

( ) **I WILL NOT be renewing.** Please return form to the Board office with the above information completed.

Employer Name: \_\_\_\_\_

Employer Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street and P.O. Box) (City) (State) (Zip)

I am employed: Full-Time  Part-Time

Since the date of issuance of your last renewal for a SD Speech-Pathology License	Yes	No
1. Has this or any other state rejected your application or revoked your professional license or certificate?		
2. Has any professional association rejected your application for membership or revoked a membership you held?		
3. Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by a state board of Speech-Language Pathology of such unprofessional conduct? If yes, provide full details on a separate sheet.		
4. Have you been convicted by a court of law for any offense in connection with your practice as a Speech-Language Pathologist? If yes, provide full details on a separate sheet.		
5. Have you been convicted of a felony after being licensed in the state of South Dakota? If yes, provide full details on a separate sheet.		
6. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe more than \$1,000 in past due child support?		

I hereby apply for licensure renewal by the state of South Dakota Board of Examiners for Speech-Language Pathology. I declare and affirm under the penalties of perjury that this renewal application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date (mm/dd/yyyy)

**PLEASE SEE NEXT PAGE FOR COMPLETION OF  
CONTINUING EDUCATION PROGRAMS**

