

RENEWAL APPLICATION

Board of Speech-Language Pathologists & Audiologists
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

Check For New Address and/or e-mail. Indicate any changes below.

License No. []

Name []
Address []
City [] State [] Zip []
Country []
E-mail []

\$110 - Speech-Language Pathologist and Audiologist (Active)

\$55 - Speech-Language Pathologist and Audiologist (Inactive)

Your Montana Speech-Language Pathologist and Audiologist dual license will expire on February 1.

TO RENEW ONLINE, GO TO: https://ebiz.mt.gov/pol/ (Online transactions must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee).

Or, in order to renew your license by mail:

- 1) Complete the renewal application.
2) Answer the disciplinary question at the bottom of the form.
3) Submit a check or money order for \$110 (active) or \$55 (inactive) made payable to the Board of Speech-Language Pathologists and Audiologists. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
4) Renewals with a U.S. Postal Service postmark after February 1 will be assessed a penalty fee by state law of \$110 (active) or \$55 (inactive), increasing the total amount due to \$220 (active) or \$110 (inactive). NO EXCEPTIONS!
5) Sign the renewal application. Incomplete or unsigned renewal applications will not be processed and will be returned.
6) Return the renewal application and fee to the board office, postmarked by February 1.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

Yes If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

No

CONTINUING EDUCATION AFFIRMATION OF UNDERSTANDING

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.222.2102 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your signature: _____ Date: _____

DO NOT SEND CASH