

## 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

\$200 - Active Speech-Language Pathologist

\$100 - Inactive Speech-Language Pathologist

Your Montana Speech-Pathologist 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) Complete the Continuing Education Attest Statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$200 (active status) or \$100 (inactive status) made payable to the Board of Speech-Language Pathologists and Audiologists. Do not send cash. Canadian or foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. Postal Service postmark after February 1 will be assessed a penalty fee by state law of \$200 (active status) or \$100 (inactive status), increasing the total amount due to \$400 (active status) or \$200 (inactive status). NO EXCEPTIONS!
- 6) Sign the renewal application. Incomplete or unsigned renewal applications will not be processed and will be returned.
- 7) Return the renewal application and fee to the board office postmarked by February 1.

### **CONTINUING EDUCATION ATTEST STATEMENT**

You are required to obtain 40 hours of continuing education (CE) taken biennially (i.e. every odd-numbered year). CE for new licensees will be pro-rated at 1.66 hours per month licensed. The board will be conducting a random audit of licensees during the renewal cycle to ensure compliance. If you are among those selected, you will be notified after February 1 to submit documentation that you have completed the requirement. Any CE non-compliance determined by the audit will be handled by the board as a disciplinary matter.

I have completed the required hours of continuing education.

### **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**

**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