

Alaska Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 P.O. Box 110806, Juneau, Alaska 99811-0806
 333 Willoughby Ave, Juneau, AK 99801 (for use in express mailing)
 Phone: (907) 465-2695 ★ E-mail: license@alaska.gov
 Website: www.commerce.state.ak.us/occ/paud.htm

**BIENNIAL SPEECH-LANGUAGE PATHOLOGIST
 ASSISTANT REGISTRATION RENEWAL**

October 1, 2008 – September 30, 2010

BIENNIAL RENEWAL FEE: \$25

LATE PENALTY FEE: \$50 (for renewals postmarked on or after December 1, 2008)

[_____]
 Name: _____
 License No.: _____
 [_____]

YOUR REGISTRATION TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGIST ASSISTANT IN THE STATE OF ALASKA LAPSES ON SEPTEMBER 30, 2008. There is no grace period. It is illegal for you to practice or offer to practice as a speech-language pathologist assistant in Alaska if your registration has lapsed. To renew your registration for the period (October 1, 2008 – September 30, 2010), return this **signed, notarized** application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive. An incomplete application or insufficient fee will result in your renewal being rejected.

RENEWAL DUE DATE If you have met the continuing competency requirements (see reverse), complete this form and return with the appropriate fee for processing. Plan accordingly and submit your form by September 1, 2008 to ensure processing by the lapse date of September 30, 2008.

NAME CHANGE If you have had a legal name change since your last license was issued, submit a certified true (notarized) copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

EXPIRED LICENSES There is no "inactive" license status. A license lapsed less than two years will be renewed in accordance with AS 08.11.030. Licenses which have expired more than two years cannot be renewed.

SOCIAL SECURITY NUMBERS AS 08.01.100 requires that a U.S. Social Security Number be on file with the division before a professional license is renewed for an individual.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Services Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary license valid for 150 days. Contact Postsecondary Education at (888) 441-2961 or Child Support Services at (907) 269-6657 if your last name begins with A-M or (907) 269-6845 if your last name begins with N-Z or 1-800-478-3300 to resolve payment issues.

PUBLIC INFORMATION Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law.

Name: _____ Social Security #: _____
Last First Middle

Corrected Mailing Address (complete only if your address is different than the address label shown above or there is no label):

Street or P.O. Box City State ZIP Code

Daytime Telephone #: _____ Date of Birth: _____ License #: _____

Email: _____

PROFESSIONAL FITNESS -The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

Since the date of your last application for an Alaska speech-language pathologist assistant registration:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you had your registration denied, revoked, suspended, surrendered, placed on probation, or been subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of any criminal offense other than a minor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, or psychotic disorder, or substance abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you now or have you been addicted to, or excessively or illegally used, alcohol, or a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you currently have a physical disability which may impair or interfere with your ability to practice as a speech-language pathologist assistant? | <input type="checkbox"/> | <input type="checkbox"/> |

CONTINUING COMPETENCY

Your registration cannot be renewed unless you have successfully completed the continuing competency requirements in AS 08.11.043(d) as follows: "The department shall renew a valid registration issued under this chapter if the speech-language pathologist assistant submits a timely application on a form approved by the department accompanied by a sworn statement that the applicant has available documentation of approved continuing education consisting of 15 clock hours for the preceding two years. The department shall approve continuing education if the education is provided at state or regional conferences, workshops, formal in-service training, independent study programs, or a combination of these, and pertains to communication disorders."

RANDOM AUDIT: The division will audit a percentage of the registration renewals. If your registration is randomly selected for audit, you will be required to submit proof that you satisfied the continuing education requirements as you stated on this renewal form. Save your documents for at least three years so you can respond to audits. **DO NOT SUBMIT PROOF OF CE UNLESS REQUESTED.**

STATEMENT OF COMPLIANCE WITH CONTINUING COMPETENCY REQUIREMENTS

Do you certify that you have available documentation which confirms that during the concluding licensing period of October 1, 2006 through September 30, 2008 you successfully completed at least 15 clock hours of continuing education as required in AS 08.11.043(d)? ("Successful completion" is defined in 12 AAC 02.960(j) as "the date that credit for the continuing competency activity is awarded by the instructor, sponsor or other verifier for completion of the activity.")

YES NO

If you do not have the required continuing education, your registration cannot be renewed.

By my signature below, I certify that the information furnished in this application is true and correct. I understand that any false information may result in failure to renew my registration as a speech-language pathologist assistant in Alaska or subsequent revocation of my registration. If audited, I understand that I must provide documentation that verifies I meet the continuing education activity as claimed on this renewal form.

Sign Here _____
Signature Date

SUBSCRIBED AND SWORN TO before me on _____ (date).

Notary Public, State of _____

My commission expires _____

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed Speech-Language Pathologist Assistant regulation changes, please send a written request adding your name to the Speech-Language Pathologist Assistant Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
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