

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
 LICENSE RENEWAL**

October 1, 2008 – September 30, 2010

BIENNIAL RENEWAL FEE: \$25.00

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

Name: _____

License No.: _____

YOUR LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY 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 speech-language pathology in Alaska if your license has lapsed. To renew your license for the period (October 1, 2008 – September 30, 2010), return this **signed** application to the above address with a check or money order payable to the State of Alaska or use the attached credit card authorization form. 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 Complete this form and return with the appropriate fee for processing. The processing time for correct and completed renewal applications is three to four weeks after receipt. Plan accordingly and submit your form by September 1, 2008 to ensure processing by the lapse date of September 30, 2010.

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 pathology license:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you had your license 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? | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the statements in this application are true and correct to the best of my knowledge. I understand that any false information may result in failure to renew my license as a speech-language pathologist in Alaska, or subsequent revocation of my license.

Sign Here  _____

Signature **Date**

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

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

REGULATIONS SPECIALIST
Department of Commerce, Community and Economic Development
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