



The Commonwealth of Massachusetts
Division of Professional Licensure
 Board of Registration of Speech-Language
 Pathology & Audiology

1000 Washington Street, Suite 710, Boston MA 02118-6100

(617) 727-3071

<http://www.mass.gov/dpl/boards/sp>

APPLICATION FOR THE REINSTATEMENT OF LAPSED/EXPIRED LICENSE

Requirements for reinstatement of a lapsed or an expired license are established in the Board of Speech-Language Pathology & Audiology ("Board") regulations, 260 Code of Massachusetts Regulations (CMR), section 5.04. Please **return** this two (2) page Application for the Reinstatement of Lapsed/Expired License to the Board of Speech-Language Pathology & Audiology 1000 Washington Street, Suite 710, Boston, MA 02118-6100, **with your RENEWAL APPLICATION AND RENEWAL FEE. IF YOU DO NOT HAVE A RENEWAL APPLICATION, PLEASE CONTACT THE BOARD.**

Name: _____ Maiden /Other Name(s): _____

Profession: _____ License Number: _____

Mailing Address: _____

| Street/Apt. # | City, Town | State | Zip |
|---------------|------------|-------|-----|
|---------------|------------|-------|-----|

E-Mail Address: _____ Phone #: H _____ W _____

Date of Birth: _____

Complete this section if your **license** has **lapsed or expired** and you **did not** practice in your professional capacity in Massachusetts **OR** any other state.

I attest that I am applying for **reinstatement** of my Massachusetts license to practice as a/an _____. Further I attest, **UNDER THE PAINS OF PERJURY** that I have not practiced in Massachusetts since my license lapsed on _____, 20_____.

Applicant's Signature: _____ Date: _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

(Notary's signature and SEAL)

Note: The Board may require additional information and documentation prior to reviewing this application. You will be contacted by Board staff, if additional information is required.

It is not legal to practice until this license reinstatement application is approved by the Board.

Complete this section if your **license** has **lapsed or expired** AND **you have been working** in your professional capacity in Massachusetts.

I attest, **under the pains of perjury**, that I have practiced as a/an _____ and provided services as such from _____ to _____ at (place of employment name and address) _____

_____. My license SP- _____ - _____ expired on _____, 20_____. During this period, I did not hold a valid license issued by the Board of Speech-Language Pathology & Audiology to practice or provide these services.

Applicant's Signature: _____ Date: _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

_____ (Notary's signature and SEAL)

Note: The Board may require additional information and documentation prior to reviewing this application. You will be contacted by Board staff, if additional information is required.

It is not legal to practice until this license reinstatement application is approved by the Board.

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Complete this section if your license has lapsed and you have been **working in another state**.

I am applying for reinstatement of my Massachusetts license to practice as a/an _____.

I attest, **under the pains of perjury**, that I have not practiced as a/an _____ in the Commonwealth of Massachusetts since my license lapsed on _____, 20_____.

Applicant's Signature: _____ Date: _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

_____ (Notary's signature and SEAL)

Have an official **Certified Statement/Record of Standing** sent directly to the Board of Speech-Language Pathology & Audiology, 1000 Washington Street, Suite 710, Boston, MA 02118-6100 from the professional licensing agency of each state where you have been employed since your MA license lapsed.

Please attach a current professional resume.

Note: The Board may require additional information and documentation prior reviewing this application. You will be contacted by Board staff, if additional information is required.

It is not legal to practice until this license reinstatement application is approved by the Board.

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In some instances, after review of an application, the Board may request additional information or impose additional requirements for reinstatement, including documentation of continuing education, and achievement of a passing score on the licensing examination. (260 CMR 5.04)