

Maryland Department of Health

**Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech-Language Pathologists and Music Therapist**
4201 Patterson Avenue, Baltimore, MD 21215

Application for Reactivation

Name _____

License Type: ☐ Audiology ☐ Speech-Language Pathology
☐ Hearing Aid Dispenser ☐ SLP Assistant ☐ Music Therapist

Full License Number in Maryland _____ S.S.N. _____

Maiden Name _____ Date of Birth _____

Mailing Address _____

Cell Phone _____ Alternate Phone _____

E-Mail _____

Do you have any current or expired licenses in any other jurisdiction within the last 10
years? ☐ Yes ☐ No

If yes, please list the jurisdictions: _____

Health Occupations Article § 1-202 requires that you verify that you are in compliance with
Worker's Compensation Law for your license to be issued. Complete this section only if you
employ one or more persons in Maryland. For Worker's Compensation information call 410-
864-5100.

Insurance Company _____

Policy Number _____ Expiration Date _____

For Board Use Only

Date Received _____

Amount Received _____ Check/M.O. # _____

Updated Info _____ Date Printed _____

Control # _____ Date Mailed _____

Since your last renewal/reinstatement for each of the following questions please check the box, Yes, or No, next to each question. Attach a detailed explanation for each question answered "Yes."

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has any state licensing board or disciplinary board or a comparable body in the Armed Services denied your application for licensure, reinstatement or renewal or taken any action against your license, including to but not limited to reprimand, suspension, or revocation?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you surrendered or failed to renew any license in any State?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any outstanding complaints, investigations, or charges pending against you in any State by any licensing or disciplinary board or a comparable board in the Armed Services?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you had a physical or mental illness that currently impairs your ability to practice your profession?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you pled guilty, nolo contendere, or have been convicted of or received probation before judgment of driving while intoxicated or of a controlled dangerous substance offense?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has any hospital or related health care institution or employer denied your privileges or employment, denied any application for privileges or employment, failed to renew your privileges or contract limited, restricted, suspended, revoked, or terminated your privileges or contract for any reason related to your practice?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has a malpractice suit been filed against you or has a claim for damages been steered or awarded against you?

I, _____, do hereby attest that I

HAVE ☐ HAVE NOT ☐ continued to practice in Maryland the profession for which I have been licensed since the license inactivation on _____.
MM/DD/YYYY

I affirm that the information I have given in answers to these questions is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

Race/Ethnic Identification

To further its commitment to equal access the Board of Examiners requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Male _____ Female _____

Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? ____ Yes ____ No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ____ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. ____ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. ____ Black or African American (A person having origins in any of the black racial groups of Africa.)
4. ____ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. ____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

License Reactivation Application - Instructions

Complete the entire application (two pages).

The current total reactivation fee is:

\$246 (\$170 license fee, \$50 reactivation fee, \$26 Health Care Commission fee)

Name Change: If there has been a change in name please submit the Name Change Form and relevant documents (do not send the \$5.00 duplicate license fee):

<https://health.maryland.gov/boardsahs/Documents/changeaddress.pdf>

Submission of continuing education documentation is required to reactivate a license.

If a license has been inactive for less than two years a reactivation candidate must submit 30 hours of continuing education completed during the period of inactivity.

If a license has been expired for more than two years but less than five years a reinstatement candidate must submit 60 hours of continuing education completed during the period of inactivity.

Continuing education completion certificates can be sent via pdf format to mdh.boardofahsm@maryland.gov or copies can be returned with the reinstatement application.

Administrative Requirements (must be met for reinstatement):

Continuing Education: Must submit documented proof (legible copies) of satisfactory completion of at least 30 hours, completed during the time of inactivity, if reinstating within two years of expiration date or at least 60 hours, completed during the time of inactivity, if reinstating more than two years and not more than five years since expiration date.

Reapplying for a License: A license that has been expired for more than five years, is not eligible for reinstatement. The individual must re-apply for a license and meet or exceed all minimum requirements currently in effect at that time.

Verification of Good Standing: Documented proof (original/sealed/signed certificate or letter) from the State Board of any state in which you are or have practiced, attesting to good, active practice with no disciplinary history, is required.