

**Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-
Language Pathologists, and Music Therapists**

Speech-Language Pathology Assistant – Limited License Renewal

Name: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for Renewal of Limited License:

A person who holds a limited license to practice as a Speech-Language Pathologist Assistant may renew the limited license by submitting an on-line payment in the amount of \$25.00 by clicking this link: [Submit Payment](#) **The limited license renewal fee is non- refundable.**

The time for which an individual may hold a limited license shall not exceed two years.

The limited licensee is responsible for reporting to the Board in writing any change of name, address, supervisor or place of employment

I understand that by signing this statement, the Limited License for which I am renewing will expire one year from the original date of approval. I further understand that I may not engage in the profession for which I have applied until such time that the Limited License has been issued.

Applicant Signature _____ Date _____

Board of AUD, HAD, SLP, & MT 4201 Patterson Avenue, 3rd Floor, Baltimore, Maryland 21215

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Board Web Site: <https://www.health.maryland.gov/boardsahs>