

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

**Speech-Language Pathology – Limited License Renewal**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Reason For Renewal of Limited License:**

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A person who holds a limited license to practice as a Speech-Language Pathologist 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, 4201 Patterson Avenue, 3rd Floor, Baltimore, Maryland 21215

Board Phone Number: 410-764-4725 Board Fax Number: 410-358-0273

Board Email: [mdh.boardofahsm@maryland.gov](mailto:mdh.boardofahsm@maryland.gov)

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