CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

REQIEST FOR REACTIVATION OF LICENSE
No Fee Required

This form must be completed when requesting to have your inactive license placed back to active status. You must also submit copies of your course completion documents for the total required number of Continuing Education (CE) hours along with this form. You will automatically be issued a replacement license showing your status as 'active'. Please allow two (2) weeks for your request to be reviewed and processed.

Licensee Information

FULL LEGAL NAME: _____ _____ _____
Last First Middle

LICENSE TYPE: (check one) ☐SP ☐AU ☐SPA ☐HA **LICENSE NUMBER:** _____

PHONE #: _____ **EMAIL ADDRESS:** _____

ADDRESS OF RECORD: _____
Street City State Zip Code

Would you like your Address of Record changed? ☐ YES ☐ NO

Certification

Please read the below statement carefully and enter the total hours of Continuing Education you have completed and sign and date the form.

I certify I have completed _____ hours of Continuing Education. All courses have been taken within the past 2 years from a Board-approved provider. All coursework taken pertains to my scope of practice.

I hereby request my license status be changed from inactive to active.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____
Signature Date