

STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
PO Box 16885, Greensboro, NC 27416-0885
Phone (336) 272-1828 Fax (336) 272-4353 Email: scapps@ncboeslpa.org
www.ncboeslpa.org

Name: _____

Home Address: _____

Employer & Employer Address: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____ - Will be reserved for Board use only

License Number: _____ Renewal Date: _____

Bilingual – Language: _____

The license renewal fee is \$60.00 and is due annually on the anniversary date that your license was issued. To renew your license, remit \$60.00 (per G.S. 90-305) by check or money order before the expiration date. If payment by personal check, note that deposits are typically made on Fridays and the new licenses cannot be mailed until ten days after the date of deposit.

I AFFIRM THAT I AM IN COMPLIANCE WITH THE N.C. BOARD OF EXAMINER'S CONTINUING EDUCATION REQUIREMENT (21 NCAC 64.0218)

(Signature)

(Date)

YOU ARE REQUIRED TO COMPLETE THIS FORM AND RETURN IT WITH YOUR PAYMENT.