

**NORTH DAKOTA STATE BOARD OF EXAMINERS
ON AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

LICENSE RENEWAL APPLICATION

Please mail by December 1, 2016

(Late fee assessed if postmarked after December 31, 2016)

Mail to: NDSBE, PO Box 5143, Grand Forks, ND 58206-5143

(Please print or type)

LICENSE NUMBER: _____ RENEWAL YEAR: 2017

LICENSE (Circle one): AUD SLP

Previous Last Name since 1/1/2016: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

New Address since 1/1/2016? (Circle one): Y N

HOME PHONE: () _____

BUSINESS PHONE: () _____

E-MAIL ADDRESS: _____

PRESENT EMPLOYMENT: _____

(Include address & zip code)

FOR OFFICE USE ONLY:
Date Complete Application Received: _____
Date Licensure Card Sent: _____
Check or Money Order Number(s): _____
Amount(s) Enclosed: _____
Renewal Fee: \$75.00
Late Fee: \$50.00 + Renewal Fee (Total: \$125.00) (Late Fee assessed if postmarked after 12/31/2016)

Please be sure to sign the affidavit on the back of this form. You DO NOT need to have your signature notarized.

CONTINUING EDUCATION EXPERIENCE (Attach proof of attendance):

1. DATE: _____ PLACE: _____

TITLE OF SEMINAR (Preapproved: Y__N__): _____

PRESENTER: _____ Number of Hours: _____

2. DATE: _____ PLACE: _____

TITLE OF SEMINAR (Preapproved: Y__N__): _____

PRESENTER: _____ Number of Hours: _____

3. DATE: _____ PLACE: _____

TITLE OF SEMINAR (Preapproved: Y__N__): _____

PRESENTER: _____ Number of Hours: _____

4. DATE: _____ PLACE: _____
 TITLE OF SEMINAR (Preapproved: Y__N__): _____
 PRESENTER: _____ Number of Hours: _____
5. DATE: _____ PLACE: _____
 TITLE OF SEMINAR (Preapproved: Y__N__): _____
 PRESENTER: _____ Number of Hours: _____
6. DATE: _____ PLACE: _____
 TITLE OF SEMINAR (Preapproved: Y__N__): _____
 PRESENTER: _____ Number of Hours: _____

AFFIDAVIT:

I, the undersigned, say that I am the person who executed this application; that the statements herein contained are true in every respect; that I have not suppressed any information that might affect this application; and that I will conform to the ethical standards established by the Board of Examiners on Audiology and Speech-Language Pathology for the State of North Dakota. I further state that I have read and understand this Affidavit.

 SIGNATURE OF APPLICANT

 DATE

**Please mail your complete application by December 1, 2016
 in order for you to receive your licensure
 card by January 1, 2017**

Your complete application includes:

- _____ **Completed and signed form**
- _____ **proof of approved continuing education**
- _____ **\$75.00 check payable to NDSBE**
- _____ **or**
- _____ **\$125.00 check payable to NDSBE if postmarked after 12-31-2016**

Please mail your application to:
NDSBE
PO Box 5143
Grand Forks, ND 58206-5143

Postage due mail will be returned to the sender.

Please be aware that this may result in failure to meet the December 31 postmark deadline.

The 2017 renewal application form, the continuing education request form, and the list of approved continuing education classes for 2017 license renewal are now on the internet. You may print the forms to use if you misplace the ones in this packet. The internet address is as follows: www.ndsbe.com