

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

APPLICATION FOR LICENSE RENEWAL

Please mail by December 1, 2009

(Late fee assessed if postmarked after December 31, 2009)

Mail to: NDSBE, Education Building Room 212, 231 Centennial Drive Stop 7189, Grand Forks, ND 58202-7189

(Please print or type)

LICENSE NUMBER: _____ RENEWAL YEAR: 2010

LICENSE (Circle one): AUD SLP

Previous Last Name since 1/1/09: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

New Address since 1/1/09? (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: _____ \$75.00 renewal
or
_____ \$125.00 late fee
(includes \$75.00 renewal fee + \$50.00 late fee —assessed if postmarked after 12/31/09)

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: _____

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 this application by December 1, 2009
in order for you to receive your licensure
card by January 1, 2010**

Have you included with your application:

_____ **proof of approved continuing education**

_____ **\$75.00 check payable to NDSBE**

or

_____ **\$125.00 check payable to NDSBE if
postmarked after 12-31-2009**

Please mail your application to:

**NDSBE
Education Building Room 212
231 Centennial Drive Stop 7189
Grand Forks, ND 58202-7189**

The 2010 renewal application form, the continuing education request form, and the list of approved continuing education classes for 2010 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.und.edu/dept/ehd/NDSBE/