



## STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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### FELONY/MISDEMEANOR EVALUATION FORM

Complete this form for any felony and/or misdemeanor for which you have been convicted. Include any convictions which are currently on appeal. Attach additional pages if necessary.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # (\_\_\_\_\_) \_\_\_\_\_

Check appropriate box(es):

MISDEMEANOR     Class A     Class B     Class C

FELONY         1st degree         2nd degree         3rd degree

Indicate nature of crime: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of crime \_\_\_\_\_ Date of Conviction \_\_\_\_\_

Sentence/Fine \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The completed form can be mailed to the board office address:

State Board of Examiners for Speech-Language Pathology and Audiology

Mail Code: MC 1982, PO Box 149347

Austin, Texas 78714-9347

Or emailed to: [Speech@dshs.state.tx.us](mailto:Speech@dshs.state.tx.us)

Or faxed to: (512) 834-6677, Attention: SPEECH