



STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mail Code MC 1982 * PO Box 149347 * Austin, Texas 78714-9347
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E-mail: speech@dshs.state.tx.us
www.dshs.state.tx.us/speech

RENEWAL / LATE RENEWAL FORM

Name: _____

SS# or License # _____

Address _____

City/State/Zip _____

Phone Number _____

1. () Yes () No During the renewal period did you earn the 20 hours of continuing education hours with at least 2 hours being in ethics required by §741.162? If you are selected for audit, please submit copies of your CE courses.

Signature

Date

Renewal Fees	
\$106.00	Speech-Language Pathologist or Audiologist – 2 Years
\$53.00	Intern in Speech-Language Pathology or Intern in Audiology – 1 Year (Must also submit Intern Plan & Agreement Form)
\$106.00	Assistant in Speech-Language Pathology or Assistant in Audiology – 2 Years (Must submit Supervisory Responsibility Statement Form)
\$221.00	Late Renewal Fee for Speech-Language Pathologist or Audiologist or Assistants in Speech-Language Pathology or Assistants in Audiology – 2 Years (61 days to 2 years after expiration, after 2 years you must reapply)

Mail Correct Payment, this form and any additional required documentation to:

**DSHS - STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
MAIL CODE MC 2003
PO BOX 149347
AUSTIN TX 78714-9347**