

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

**LICENSE RENEWAL APPLICATION**

**Please mail by December 1**

**(Late fee assessed if postmarked after December 31)**

**Mail to: NDSBE, 402 East Main Avenue, Suite #5, Bismarck, ND 58501**

(Please print or type)

LICENSE NUMBER: \_\_\_\_\_ RENEWAL YEAR: 2018

LICENSE (Circle one):      AUD              SLP

Previous Last Name since 1/1/2017: \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_

|   |
|---|
| <b>FOR OFFICE USE ONLY:</b>   |
| Date <b>Complete</b> Application Received: _____  |
| Date Licensure Card Sent: _____   |
| Check or Money Order Number(s): _____   |
| Amount(s) Enclosed: _____   |
| <b>Renewal Fee: \$75.00</b>   |
| <b>Late Fee: \$50.00 + Renewal Fee (Total: \$125.00)</b><br><b>(Late Fee assessed if postmarked after 12/31/2017)</b> |

**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, 2017 in order for you to receive your licensure card by January 1, 2018**

**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 12-31-2017**

**Please mail your application to:**

**NDSBE  
 402 East Main Avenue, Suite #5  
 Bismarck, ND 58501**

**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 2018 renewal application form, the continuing education request form, and the list of approved continuing education classes for 2018 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](http://www.ndsbe.com)*