



STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mail Code MC 1982 * PO Box 149347 * Austin, Texas 78714-9347
Phone: (512) 834-6627 * Fax: (512) 834-6677
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.
2. Yes No Have you ever been convicted, plead guilty, plead nolo contendere or received deferred adjudication in the last 24 months to any misdemeanor or felony? (Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards) If yes, please provide the following information on a separate sheet of paper: Date of conviction, where convicted, charge(s), If conviction was set aside, give date and explain.
3. Yes No I have completed the Texas Jurisprudence Exam and have faxed it to (512)834-6677 or emailed to: speech@dshs.state.tx.us

Signature

Date

Renewal Fees	
\$106.00	Speech-Language Pathologist or Audiologist – 2 Years
\$53.00	Intern in Speech-Language Pathology or Intern in Audiology – 2 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)
\$168.00	Late Renewal Fee for Intern in Speech-Language Pathologist or Intern in Audiology – 2 Year (61 days after expiration)

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

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