



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 completed the fingerprint process for license renewal
http://www.dshs.state.tx.us/speech/dps_fbi/

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**