

LATE RENEWAL APPLICATION COMPLETE AND UPDATE ALL INFORMATION

PEF	RSONAL INFORMATION:				
Name:Address:		License #:	DOB:		
		County:	Phone:		
Ema	il address:				
<u>EMI</u>	PLOYER INFORMATION:				
Supervisor:		Registration #:			
Nam	e:				
Address:		County:	Phone:		
 3. 	Have you been convicted of any violations of law or have any pending charges (except minor traffic violations)since your last application? If yes, attach a full explanation. Have any criminal charges or any civil lawsuits been filed against you in any jurisdiction since your last renewal? If yes, attach a full explanation. Has any license or permit or registration or professional credential been encumbered in any way in any jurisdiction since your last renewal? If yes, attach a full explanation. Do you hold any of the following credentials: American Speech Language Hearing Association (ASHA) The American Academy of Audiology (AAA)			YES YES YES	NO NO
therei Gove be ma	undersigned, do solemnly swear or affirm that I am the an or accompanying this application are true to the best rning Licensure of Speech-Language Pathologists and aintained.	above applicant. I have read the	have also read and understa conditions for licensure hav	and the Re	gulation
(App	ilicant's Signature)	(Dai	e)		

HAVE YOU

- 1. COMPLETE THE REQUESTED ABOVE INFORMATION
- 2. SIGN AND DATE THE RENEWAL APPLICATION
- 3. ENCLOSE A CHECK OR MONEY ORDER IN THE AMOUNT OF \$150.00 IF SUBMITTED BY SEPTEMBER 30 OR \$210.00 AFTER SEPTEMBER 30, MADE PAYABLE TO THE MISSISSIPPI STATE DEPARTMENT OF HEALTH (MSDH).
- 4. ENCLOSÈ PROOF OF CONTINUING EDUCATION REQUIREMENTS

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH

PROFESSIONAL LICENSURE - SPEECH LANGUAGE

PATHOLOGISTS/AUDIOGISTS

P.O. BOX 1700

JACKSON, MS 39215-1700