



MISSISSIPPI STATE DEPARTMENT OF HEALTH

LATE RENEWAL APPLICATION
COMPLETE AND UPDATE ALL INFORMATION

PERSONAL INFORMATION:

Name: License #: DOB:
Address: County: Phone:
Email address:

EMPLOYER INFORMATION:

Supervisor: Registration #:
Name:
Address: County: Phone:

- 1. Have you been convicted of any violations of law... YES NO
2. Have any criminal charges or any civil lawsuits... YES NO
3. Has any license or permit or registration... YES NO
Do you hold any of the following credentials:
American Speech Language Hearing Association (ASHA)
The American Academy of Audiology (AAA)

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

(Applicant's Signature) (Date)

- 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. ENCLOSE PROOF OF CONTINUING EDUCATION REQUIREMENTS

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - SPEECH LANGUAGE
PATHOLOGISTS/AUDIOLOGISTS
P.O. BOX 1700
JACKSON, MS 39215-1700