



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## Board of Speech Pathologists, Audiologists and Hearing Aid Dispensers

**A fax copy will be acceptable only when followed by original document**

**Applicant:** Complete top portion of this form and send to the Board(s) of SLP/AUD/HAD in the state(s) in which a license has been issued. **NOTE:** The state may have a fee for processing this form, please call ahead.

State of Licensure - \_\_\_\_\_ License No. - \_\_\_\_\_

\_\_\_\_\_  
(First Name) (M.I.) (Last Name) (SSN)

Graduate of - \_\_\_\_\_ Date - \_\_\_\_\_

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**To Be Completed by Licensure Board:**

License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

With state examination \_\_\_\_\_ Other \_\_\_\_\_

ASHA - \_\_\_\_\_ Reciprocal - \_\_\_\_\_

Is license in good standing? \_\_\_\_\_

Has the license ever been surrendered, reprimanded, probated, suspended, revoked or otherwise disciplined? \_\_\_\_\_ If yes, please explain:

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

Is there any derogatory information on file concerning this license? \_\_\_\_\_ If yes, please explain:

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

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
State Board

**BOARD SEAL**