

MANUAL LICENSE RENEWAL APPLICATION
Continuing Professional Development Provider
License Renewal

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
& HEARING AID DISPENSERS BOARD
2005 EVERGREEN STREET, SUITE 2100, SACRAMENTO, CA 95815

TELEPHONE: (916) 263-2666 WEB: speechandhearing.ca.gov

---- PLEASE ALLOW 6 TO 8 WEEKS FOR PROCESSING ----

PDP LICENSE NUMBER _____ EXP DATE _____

AMOUNT ENCLOSED _____

RENEWAL FEE

\$200.00

Make check payable to: SLPAHADB

YOUR NAME _____

COMPANY NAME _____

BUSINESS ADDRESS

Street _____

City _____ Zip Code _____

BUSINESS TELEPHONE

IMPORTANT INFORMATION

WOULD YOU LIKE THE ADDRESS OF RECORD CHANGED? _____ YES _____ NO

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature)

(Date)

If your renewal application and fee is not processed prior to your expiration date, this license will be cancelled and a new application must be submitted.

Please allow 6 to 8 weeks for processing.