



STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
PO Box 16885, Greensboro, NC 27416-0885
Telephone: 336-272-1828 Email: dbrown@ncboeslpa.org Website: www.ncboeslpa.org

Helene Special Waiver Request Form:

For those licensees impacted in North Carolina by Hurricane Helene or serving the North Carolina public impacted by Hurricane Helene, please state your question(s) or requests regarding a waiver of the statutory requirements of the practice of Speech-language Pathology or Audiology in or from the state of North Carolina, the Board will respond as soon as possible and may request additional information. If electronic delivery of this form is not possible, you may call the Board at 336-272-1828 x2 and receive assistance filling out the form verbally. The granting of a waiver/allowance will be at the full discretion of the Board in compliance with their statutory and regulatory authority and is not guaranteed.

* means **required field**

*Name: _____

*License number (if applicable): _____

*Phone number: _____

*Email address: _____

*Home address (full address required):

*Practice address (full address required):

*Position (please circle one):

- Licensee/ Temporary Licensee/ Registrant
- Out of State Practitioner
- Student/ Applicant

*Extenuating circumstance/hardship:

*Waiver/allowance requested:

*Attestation:

I hereby certify and affirm that the information I have provided is truthful and that my ability to fully comply with statutory and/or regulatory requirements has been severely impacted by Hurricane Helene. I understand that the granting of a waiver/allowance will be at the full discretion of the Board in compliance with their statutory and regulatory authority and is not guaranteed.

*Signature

*Date