



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 Telepractice 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.

* means **required field**

*Name: _____

*License number (if applicable): _____

*State where I will be located at the time I provide telepractice:

*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

*Attestation:

I hereby certify and affirm that I have reviewed the laws and rules of the state where I will be located at the time I provide telepractice and am legally permitted to engage in telepractice in NC under waiver/allowance #3 and #4 which can be found here:

<https://ncboeslpa.org/helene-waiver-request-forms-and-waivers/>

*Signature

*Date