



**STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND
AUDIOLOGISTS**

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SLP-ASSISTANT REGISTRATION RENEWAL

NAME OF SLP-ASSISTANT: _____

ADDRESS: _____

HOME TELEPHONE: _____ EMAIL ADDRESS: _____

EMPLOYER: _____

PRIMARY SUPERVISOR: _____

ADDRESS: _____

WORK TELEPHONE: _____ EMAIL ADDRESS: _____

SECONDARY SUPERVISOR: _____

EXACT WORKSITE ADDRESSES WHERE SLP-ASSISTANT WILL PROVIDE SERVICES:

I certify that I will be within fifty miles of my SLP-Assistant at all times when he/she is providing services.

Signature of Primary Supervisor: _____

The registration renewal fee is \$40.00. If there are any changes in the primary or secondary supervisor for a SLP-Assistant, a new registration form is required.

If a supervision change is made after this renewal is paid and before the next renewal is due, the fee to make the change is \$20.00.