CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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NOTIFICATION OF ADDRESS AND EMAIL CHANGE
(SP, AU, SPA, RPE, AIDE)

Practice of Speech-Language Pathology and Audiology: Title 16 California Code of Regulations Section 1399.157.2 requires each person holding or having a license, registration, or application on file with the Board to notify the Board, in writing, of a change of address within 30 calendar days.

If you would like a license to reflect your new address, please complete Part II of this form and submit a $25 fee per document. Make check or money order payable to SLPAHADB. If no replacement license is needed, you can email this form to speechandhearing@dca.ca.gov.

PART I: PLEASE PRINT OR TYPE

NAME: _____

LICENSE TYPE: *(Check one)* ☐ **SP** ☐ **AU** ☐ **SPA** ☐ **RPE** ☐ **AIDE**

LICENSE NUMBER: _____

ADDRESS OF RECORD: The Address of Record is used for all official correspondence and is public information. The Address of Record may be a PO Box, except for the practice of fitting or selling hearing aids, which must be an address of a retail business that is routinely open pursuant to Business and Professions Code section 2538.34.

Street Address _____ City, State, Zip Code _____

HOME ADDRESS (for Board use only):

Street Address _____ City, State, Zip Code _____

EMAIL ADDRESS (for Board use only): _____ **PHONE:** _____

PART II: REQUEST FOR REPLACEMENT LICENSE (OPTIONAL)

SELECT THE LICENSE YOU ARE REQUESTING: ***($25 fee per document)***

☐ Original Wall License ☐ Renewal Wall License ☐ Pocket License

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: _____ **DATE:** _____