



**LOUISIANA BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

TOWNE PARK CENTRE, 37283 SWAMP ROAD, SUITE 3B, PRAIRIEVILLE, LA 70769
PHONE: (225) 313-6358 o (800) 246-6050
WWW.LBESPA.ORG

Applicant Name: _____ License No. _____

If you hold a license that requires supervision but did not work in the profession of Speech-Language Pathology, you are required to submit a notarized statement at the time of license renewal attesting that you did not work in the profession during the license period.

Affidavit in Lieu of Supervision

I, _____, hold a license that requires SUPERVISION, but did not practice the profession of speech-language pathology from July 1, 2021 through June 30, 2022. I understand that I must complete the continuing education requirements as stated in Rule No. 127 of the Board's Rules and Regulations.

OR

I, _____, hold a license that requires SUPERVISION, but did not practice the profession of speech-language pathology from _____ through _____. I understand that I must complete the continuing education requirements as stated in Rule No. 127 of the Board's Rules and Regulations.

I certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statement is true and correct.

Applicant Signature

Date

Notary

ID#

Date

Notarization Required