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 ❍ (800) 246-6050 ❍ WWW.LBESPA.ORG

MAILING LIST REQUEST

Requestor's Name _____

Company Name _____

Address _____

_____

Contact Number _____

Fax Number _____

Email Address _____

License Category Requested:

☐ AUD $25 ☐ SLP Assistant (bachelor level) $25 ☐ SLP (masters level) $200

DISCLAIMER

I hereby request a list of names, addresses, and email addresses of the above mentioned individuals licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. I understand that payment is for a ONE TIME use of the information.

Signature _____

PAYMENT

Payments may be made via check, money order or credit card. If you wish to pay via credit card, the following information must be completed.

Name on Card: _____

Address if different than above:

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Card Type: ☐ Visa ☐ MasterCard ☐ Discover

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3-digit Security Code (on back): ☐☐☐