

West Virginia Board of Examiners for Speech-Language Pathology and Audiology
99 Edmiston Way, Box 11, Suite 214, Buckhannon, West Virginia 26201
304-473-4289
304-473-4291 fax
wvbeslpa@wv.gov

Request for Name/Address and Employment Change

NAME AND ADDRESS CHANGE

(If you would like a license displaying your new name, you must send a check for \$10.00. Please destroy your old card when you receive your new card.)

Name: _____
Last First Middle

Change to: _____
Last First Middle

License #: SLP- _____ License #: A- _____ SSN# _____ - _____ - _____

Address Change: _____
Street or Route#

_____ City County State ZipCode

Home Phone: _____ Email: _____

CHANGE OF EMPLOYMENT

(You are required to notify the Board within 30 days of a change in employment.)

Employers Name: _____

Facility Name: _____
(if different than "Employer's Name")

Address _____

_____ City County State Zip

Phone#: _____