

Licensee List Request Form



Be sure to answer each section, as missing information will extend the processing time of this request. Print and mail, including a check or MO for the format you selected.

If at all possible, please allow 7-10 business days or more for turnaround.

Fee:
Paper List - \$25.00 Peel and Stick Labels - \$50.00 Electronic Format - \$25.00

**Board of Examiners for
Speech-Language
Pathology & Audiology**
800 NE Oregon St Ste 407
Portland OR 97232
(971) 673-0220
www.oregon.gov/bspa

I would like the list to include:

- Active SLPs Conditional SLPs Inactive SLPs
 Active SLPAs Inactive SLPAs
 Active Auds Conditional Auds Inactive Auds

Please limit my list of licensees residing in:

- Don't limit my list. Licensees just in USA.
 Licensees just in Oregon.

Please sort the list by:

- Last name Zip Code Other Field:

Please include these fields:

- Street 1 Street 2 City State Zip Code License Number License Type License Status
 Initial Lic Date Expires Please note that licensee email addresses are **not** considered public information and thus cannot be released.

I would like my list in the following format:

- Paper List Peel and Stick labels Electronic - XLS (Excel) Format Electronic - CSV Format
 Electronic - TAB Format Electronic - DBF (Dbase)Format

Please send me the list via:

- Email Email Address:
 Mail Mailing Address:
 Pickup Call me at:

Additional Notes?

*You must print
this form after
filling it out and
submit it with
payment!*