

For: _____

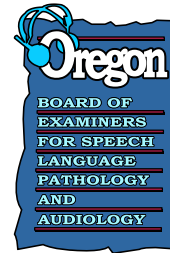
Licensee List Request

Be sure to answer each section, as missing information will extend the processing time of this request. 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

Don't forget to include your check / M.O. for the format that you checked!



**Oregon Board of Examiners
For Speech-Language
Pathology And Audiology**
 800 NE Oregon St Ste 407
 Portland OR 97232
 (971) 673-0220
 fax (971) 673-0226
www.bspsa.state.or.us

1. I would like to receive this list by this date:

2. I would like the list to include the following types of licensees:

All current Licensees.

Or, select any or all categories below:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Active SLPs | <input type="checkbox"/> Inactive SLPs | <input type="checkbox"/> Conditional SLPs |
| <input type="checkbox"/> Active Auds | <input type="checkbox"/> Inactive Auds | <input type="checkbox"/> Conditional Auds |
| <input type="checkbox"/> Active SLPAs | <input type="checkbox"/> Inactive SLPAs | |

3. Please limit my list to licensees residing in:

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

4. Please sort my list by:

- Last Name of the Licensee. Licensee's Zipcode.

5. Please include these special fields (electronic list request only):

- License Type. License Status. Expiration Date.

6. I would like in my list in the following format (select one):

- Paper list Peel and stick Address Labels
- Electronic File - Format : DBF (Dbase) XLS (Excel)
- CSV (Ascii Comma-separated Values)
- TAB (Ascii Tab-Delimited Values)

Please send me the list:

By Mail:

Mailing Address:

Call me for pickup:

Phone Number:

By email:

Email Address:

Any Additional Notes:

7. Voluntary Survey: How are you going to use this list?
