

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS
AND SPEECH-LANGUAGE PATHOLOGISTS**

4201 PATTERSON AVENUE * BALTIMORE, MARYLAND 21215-2299 * PHONE 410-764-4725
FAX 410-358-0273 * TTY FOR DISABLED – MARYLAND RELAY SERVICE 1-800-735-2258

**LOST LICENSE FORM FOR
AUDIOLOGISTS, HEARING AID DISPENSERS AND
SPEECH-LANGUAGE PATHOLOGISTS**

I, _____ do hereby state, under oath, that my
Certificate of Licensure as a(an) _____ in
Maryland issued to me is no longer in my possession.

I further state, under oath, that to the best of my knowledge and belief the original
certificate has been:

- | | |
|----------------------|---------------------|
| _____ Lost | \$5.00 fee required |
| _____ Stolen | \$5.00 fee required |
| _____ Mutilated | \$5.00 fee required |
| _____ Destroyed | \$5.00 fee required |
| _____ Never Received | No fee required |

I do not know of the present existence of it or any part thereof.

It is further stated, under oath, that I will return to the Maryland Board of
Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists,
the original certificate, or any part thereof, if such should come into my possession at any
time in the future.

LICENSE # _____ DATE ISSUED _____

Signature: _____

Address: _____
Street City State Zip Code

Subscribed and sworn to before me this _____ day of _____

NOTARY PUBLIC