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**Kimberly, WI 54136**

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**BCS-F APPLICANT REQUEST FOR PROGRAM EXTENSION**

*Note: Applicants must satisfactorily complete the BCS-F Program within 3 years of the date of the Board’s approval of the applicant’s program. Extensions to the 3-year requirement may be granted by a majority vote of the Specialty Board if the applicant submits a written request of the Board prior to the expected date of completion. Please include your reason for requesting the extension and your signature on page 2.*

|  |  |
| --- | --- |
| **Applicant’s Name:** | **Date:** |
| **Address:** | **Work Phone:** |
|  | **Home Phone:** |
|  | **Fax Number:** |
| **E-mail:** | **ASHA Number:** |

|  |  |
| --- | --- |
| **Mentor’s Name:** | **Date:** |
| **Address:** | **Work Phone:** |
|  | **Home Phone:** |
|  | **Fax Number:** |
| **E-Mail** | **ASHA Number:** |

**I am requesting an extension on the completion date for my Portfolio. Portfolio from to .**

Extension Request Portfolio Page 2

**The reason for this request is:**

**Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**