

**563 Carter Court, Suite B**

**Kimberly, WI 54136**

**Phone: 920-750-7720**

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**BCS-F REQUEST FOR EXTENSION**

*Note: Extensions to the requirement for renewal of BCS-F 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.*

|  |  |
| --- | --- |
| **BCS-F Name:** | **Date:** |
| **Address:** | **Work Phone:** |
|  | **Home Phone:** |
|  | **Fax Number:** |
| **E-mail:** | **ASHA Number:** |
| **Address:** | **Work Phone:** |
|  | **Home Phone:** |
|  | **Fax Number:** |
| **E-Mail** | **ASHA Number:** |

**I am requesting an extension to complete the requirements for renewal from to .**

Extension Request Renewal
Page 2

**The reason for this request is:**

 **Signature of BCS-F: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date:**