



Health Occupations Program
 Attn: Gloria Rudolph
 P.O. Box 64882
 St. Paul, MN 55164-0882
 (651) 201-3726
 TDD: (651) 201-5797

**Audiologist
 Mailing Label Request Form**

NOTE: At **no charge**, you can create your own mailing labels and lists using the credential verifications and lookup feature accessible from the Minnesota Audiologist Practitioner Licensing Program web page at: [Health Occupations Program Lookup](#)

Processing time for these requests is 2-4 weeks.

To request MDH to create the mailing labels or lists for you, please follow directions below:

Complete this form in ink and forward it to the above address with payment.

Make your check or money order payable to: **Treasurer, State of Minnesota.**
 Please do not send cash. We cannot accept credit cards at this time.
 Payment is nonrefundable.

MDH requires separate checks for Audiology and SLP mailing label or list requests, and the requests cannot be processed until proper form of payment is received.

Check the Type of Product:

- Labels \$30.00
- CD \$20.00
- E-Mail \$20.00
- Paper List \$20.00

E-mail address _____

Check One:

- Order by City
- Order by Last Name
- Order by Zip Code

Name of Requestor: _____

Mailing Address: _____

Daytime Phone:(_____) _____

SIGNATURE _____ **DATE** _____