

LBAB RLT Renewal Submission List:

LBA Name: _____

Clinic Name: _____

Amount Total: _____

Paid By: [] Money Order
[] PayPal Receipt
(attached)

Names of RLTs Under Supervision of LBA:

LBAB Office Use Only:

1.	
2.	
3.	
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Reminders:

- Submit RLT Renewal Submission List with RLT Renewal Forms and Payment
- Forms can be emailed, mailed, or dropped off at the LBAB office
- RLT Renewals submitted through Certemy will automatically be rejected.