

**REPORT OF PUBLIC COMMENT**

Notice Number 2024-5

Rule Number

Hcp 100

1. Agency Name & Address:

**Governing Board of Speech-  
Language Pathologists and Hearing  
Care Providers  
Office of Professional Licensure and  
Certification  
7 Eagle Square  
Concord, NH 03301**

2. Were there attendees at  
the public hearing?

Yes  No

3. Was public comment  
submitted during the  
public hearing?

Yes  No

4. Was public comment  
submitted during the  
public comment period?

Yes  No

5. Short Title: **Definitions, Organization and Public Information**

6. Comments received and responses, if applicable:

**Rule Section:**

Not applicable.

**Comment:**

Not applicable.

**Action Taken:**

Not applicable.

**Submitted by:**

Not applicable.