

**Alabama Board of Examiners for  
Speech-Language Pathology and Audiology**

**Telephone:** (334)269-143

**Fax:** (334) 834-9618

**Web Address:** [www.abespa.org](http://www.abespa.org)

**Email Address:** [abespa@mindspring.com](mailto:abespa@mindspring.com)

**Street Address:**

400 S. Union St., Suite 397

Montgomery, AL 36104

**Mailing Address:**

P.O. Box 304760

Montgomery, AL 36130-4760

**SUBJECT: LICENSURE APPLICATION  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Upon completion of the enclosed Licensure Application, according to the self-contained instructions, please be sure you ...

1. Have the application notarized.
2. Attach application fee of \$200.00 made payable to ABESPA.
3. Secure the supporting documents, if required (Option 1).
4. Mail licensure application, \$200.00 check, and supporting documents to one of the above addresses.

If approved by the Board licensure fees are as follows, prorated after August 31:

	<u>Single</u>
January 1 – August 31	\$75.00
September 1 – September 30	65.00
October 1 – October 31	55.00
November 1 – November 30	45.00
December 1 – December 31	35.00

Upon receipt of notification from the Board that the licensure application has been approved, submit an initial licensing fee.

**ALL LICENSES EXPIRE ON DECEMBER 31.** To maintain license a \$75.00 annual renewal fee and documentation of twelve (12) clock hours of continuing education must be submitted prior to December 31 each year.

Attach  
Passport  
Size  
Photo

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### APPLICATION FOR LICENSURE

Applicant's Name \_\_\_\_\_  
Last First Middle (Maiden)

Mailing Address \_\_\_\_\_

City State Zip Code

Business Phone Home Phone CELL Phone

\*Soc. Sec. No. Date of Birth Place of Birth

U.S. Citizen: Y N Legal Alien: Y N Visa Type & Number

U.S. Congressional District County

Email Address \_\_\_\_\_

Applying for licensure in ( ) AUDIOLOGY ( ) SPEECH-LANGUAGE PATHOLOGY using the following option:

- OPTION 1 ( ) I have requested that the following information be sent directly to the Board
1. Undergraduate and graduate transcripts
  2. Results of the national examination (600 or better) \*\*
  3. A notarized statement from the supervisor indicating that the Professional Experience (CFY for SLPs or 4<sup>th</sup> Year Internship for Au.D.) has been completed.
  4. A letter from the director of the training program verifying that I have completed the required hours of direct clinical experience with individuals with communication disorders.
- OPTION 2 ( ) I have requested that ASHA send the Board confirmation that I currently hold the Certificate of Clinical Competence.
- OPTION 3 ( ) Reciprocity. List all states, territories, countries where you have been licensed or registered and license number:

(All licenses must be verified by the licensing authority with Board seal (see Reciprocity Form)  
\*Required by the Code of Alabama 1975, §30-3-194. Form will be returned if not included.  
\*\*EXAMINATION-individuals applying for licensure under Option 1 must also complete the examination for Speech-Language Pathologists and/or Audiologists available through the National Teachers Examinations, Educational Testing Service. At the time and place of the examination, which you must arrange, you must request that the examination results be sent directly to ABESPA.

List any other name you have worked or held a license under

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Is English your primary language? \_\_\_ Yes \_\_\_ No If , no, are you proficient in English \_\_\_ Yes \_\_\_ No  
Other languages \_\_\_\_\_

- 1) Has any state rejected your application for licensure? \_\_\_ Yes \_\_\_ No
- 2) Has any state imposed any form of disciplinary action (revocation, suspension, reprimand, fine, etc. on you or your license? \_\_\_ Yes \_\_\_ No
- 3) Do you have any unresolved or pending complaints or disciplinary action against you or your license?  
\_\_\_ Yes \_\_\_ No
- 4) Have you ever been charged or convicted of any crime or unprofessional conduct or pedophilia or voyeurism?  
\_\_\_ Yes \_\_\_ No
- 5) To the extent that it impairs your ability to function as an SLP or Audiologist, have you ever used or are you currently using intoxicating liquors, drugs or other chemical substances obtained with or without prescriptions? \_\_\_ Yes \_\_\_ No
- 6) Have you ever been a participant in a drug or alcohol treatment or rehabilitation program in which you were monitored or supervised relative to your use of drugs or alcohol? \_\_\_ Yes \_\_\_ No

Any YES answers to questions 1-6 requires a notarized explanation.

How many years have you been employed as an SLP or Audiologist? \_\_\_\_\_

## ACADEMIC HISTORY

### UNDERGRADUATE SCHOOL

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

### GRADUATE SCHOOL

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

### OTHER EDUCATION SETTING

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

Present Employer's Name \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

Work Phone \_\_\_\_\_ Start Date \_\_\_\_\_

Previous Employers:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

*NOTARIZATION*

I hereby certify that all information pertaining to this application is true and correct and that the Alabama Board of Examiners for Speech Pathology and Audiology is hereby granted permission to obtain verification of educational and employment data reported herein.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
My commission expires:

The Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.