

Alabama Board of Examiners for Speech-Language Pathology and Audiology

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Street Address:
400 S. Union Street, Suite 397
Montgomery, AL 36104

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P.O. Box 304760
Montgomery, AL 36130-4760

SUBJECT: CFY FOR SPEECH LANGUAGE PATHOLOGY/FOURTH YEAR INTERSHIP FOR AUDIOLOGY REGISTRATION (SUPERVISED PROFESSIONAL EXPERIENCE)

The Alabama Licensure Law does not apply to individuals fulfilling the supervised professional experience for licensure, providing:

1. The individual registers through the submission of a registration application to the Board within thirty (30) days of employment.
2. The individual is under the direct supervision of a person licensed or otherwise qualified in the area (speech pathology or audiology) for which a license is being sought. A notarized statement from the supervisor to that effect must accompany CFY/Fourth Year Internship Registration.

In order to register for the Supervised Professional Experience the following should be submitted:

1. The notarized application.
2. Application fee of \$200.00 made payable to ABESPA.
3. A notarized statement from the supervisor indicating that the Professional Experience is being supervised. The statement must include: Beginning date of Supervised Professional Experience, place of employment, number of hours worked weekly and date of completion.
4. Request that official undergraduate and graduate transcripts be sent directly to the Board from the institution.
5. A letter from the director of the educational program verifying that requirements prior to supervised clinical experience have been completed.

Any changes in employer or supervisor should be reported to the Board within ten (10) days.

The following is a suggested work schedule that may be used to meet clinical fellowship year requirements:

Full-time Clinical Fellowship Year: 30 hours or more per week for 9 months.

Part-time Clinical Fellowship Year: 25-29 hours per week for 12 months; 20-24 hours per week for 15 months; 15-19 hours per week for 18 months. Professional employment of any less than 15 hours per week will not fulfill any part of this requirement.

For the Fourth-Year Internship, the acquisition of a total 1,820 hours (that include hours obtained prior to the commencement of the Fourth-Year Internship). Total number of clinical practicum hours may vary based on current academic requirements.

Upon completion of the supervised professional experience and the completion of the written examination (Praxis Exam), the individuals must inform the board in writing and complete the licensure application. Completion of the licensure application includes payment of the licensure fee which is prorated to the month the supervised professional experience is completed. After receipt of this written notification, the Board will act upon the individual's application.

Attach
Passport
Size
Photo

Alabama Board of Examiners for
Speech-Language Pathology and Audiology
Telephone: (334) 269-1434 Fax: (334) 834-9618
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REGISTRATION APPLICATION
CLINICAL FELLOWSHIP YEAR FOR SPEECH LANGUAGE PATHOLOGISTS
FOURTH YEAR INTERNSHIP FOR AUDIOLOGY (SUPERVISED PROFESSIONAL EXPERIENCE)

Applicant's Name _____ SSN _____
Last First MI

Mailing Address _____
Street

City _____ State _____ Zip _____ US Congressional Dist. _____

Citizenship _____ Date of Birth _____ Place of Birth _____

Home Phone _____ Cellular Phone _____

E-mail _____ Work Phone _____

Present Employer _____

Mailing Address _____
Street City State Zip

Have you ever changed your name through marriage, action of a court or have you ever been known by any other name? ____yes ____no if yes, list all names below:

Setting ____ Hospital ____ Private Practice ____ Rehab Agency ____ School ____ University ____ Other _____
(describe)
____ Full time ____ Part time _____ Number of Months to complete (if part time)

- () I am registering as a clinical fellow in SPEECH PATHOLOGY
() I am registering as a Fourth Year Intern in AUDIOLOGY. I will begin the experience with _____ clinical hours as indicated by the attached form from my University.

SUPERVISOR _____ AL License No _____

Mailing address _____

Street

City

State

Zip

Beginning Date of Supervised Professional Experience _____

Expected Completion Date _____ Number of Hours employed per week _____

Applicant History: General

A. Is English your primary language ___ yes ___ no if no, are you proficient in English ___ yes ___ no

B. Proficient in other language ___ yes ___ no Language _____

C. Have you ever been convicted of, or accepted a plea of guilty, nolo contendere (no contest), or received a deferred sentence in any court to a crime involving fraud, deception, false pretense, theft, or misrepresentation? ? ___ yes ___ no

If YES, please explain: _____

D. Have you ever been convicted of, or accepted a plea of guilty, nolo contendere (no contest), or received a deferred sentence in any court to a felony? ___ yes ___ no

If YES, please explain: _____

E. 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

If YES, please explain: _____

Academic History (official transcripts substantiating the academic history must be sent to ABESPA.)

College/Universities	City	State	From:	To:	Degree

Please list the exact name under which you were registered at the above institution(s):

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 _____,

Signature of Notary Public
My commission expires: _____

The following section is to be completed by the Supervisor:

CFY/4th Year Registrant Name: _____
(Print or Type)

Name of Supervisor: _____
(Print or Type) Last Name First Name Middle Initial

Alabama License Number of Supervisor

ASHA Certification Number

Mailing Address: _____

Phone : (____) _____

Fax: (____) _____

I _____ have agreed to provide required and appropriate supervision to _____, registrant for CFY/4th Year for the period starting

_____ and ending _____
Month/Day/Year Month/Day/Year

Full Time _____ Part Time _____

Signature of Supervisor: _____

Date: _____

Sworn to and subscribed before me this _____ day of _____.

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.