

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

Telephone: (334)269-1434

Fax: (334)834-9618

**Street Address:**

400 S. Union St., Suite 397  
Montgomery, AL 36104

**Mailing Address:**

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

**Reciprocity**

Verification of Licensure Speech Pathology/Audiology

*Instructions to the Applicant:*

1. This form may be copied.
2. Complete the Information in Part I only.
3. Forward a copy of this form to each state in which you are licensed (includes Permanent, Temporary, Current, Inactive, Assistant/Aide).

---

I, \_\_\_\_\_, hereby authorize and request the board of \_\_\_\_\_ having control of any documents, records and other information pertaining to me to furnish to the Alabama Board of Examiners for Speech-Language Pathology and Audiology, information including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

---

**PART 1. TO BE COMPLETED BY APPLICANT (Please Print)**

Applicant Name: \_\_\_\_\_  
Last First Middle/Maiden

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Title of License: \_\_\_\_\_ License #: \_\_\_\_\_

Please list any other names you have worked or held a license under:

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**PART 2. TO BE COMPLETED BY STATE BOARD**

The individual listed above has applied for licensure in Alabama as a Speech-Language Pathologist/Audiologist. Before any further consideration is given to this application, we need the information requested on this form. The following section must be completed by an official of the State Board and returned directly to the Alabama Board of Examiners for Speech-Language Pathology and Audiology.

Applicant Name: \_\_\_\_\_

Title of License: \_\_\_\_\_ Date of original issue: \_\_\_\_\_

This license is: ( ) Permanent ( ) Temporary ( ) Current ( ) Inactive ( ) Assistant/Aide

Explain: \_\_\_\_\_

This License was obtained by:

( ) Examination ( ) ASHA CCC ( ) Grandfathering ( ) Reciprocity ( ) Endorsement of

License in: \_\_\_\_\_

Explain: \_\_\_\_\_

	YES	NO
1. Has the applicant ever been modified or requested to appear before any licensing or disciplinary authority in your state? If yes, attach details.	_____	_____
2. Has applicant ever been the subject of complaints or charges received by a disciplinary authority in your state? If yes, attach details.	_____	_____
3. Has the applicant ever been warned, censured or disciplined in any manner by a licensing or disciplinary authority of your state? If yes, attach details.	_____	_____
4. Has any applicant for initial licensure of reinstatement ever been denied?	_____	_____

Correspondent's Signature: \_\_\_\_\_

Correspondent's Title: \_\_\_\_\_

State Board of: \_\_\_\_\_ (Not valid without Board Seal)

**Attach a copy of the laws and rules on speech-language pathology/Audiology in your state.**

ABESPA does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.