

LICENSE RENEWAL NOTICE/APPLICATION

2011-2012

YOUR CURRENT LICENSE EXPIRES December 31, 2011.

YOU CANNOT RENEW ONLINE. RENEWAL MUST BE MAILED.

You have been selected for AUDIT your completed renewal form must be received prior to the October 7th, November 4th or the December 9, 2011 Board Meetings. Audits received after the December 9th meeting will not, under any circumstance, be reviewed until the January meeting. If the renewal form along with CE supporting documentation is not received prior to the December 9th Board meeting, you must cease/desist from practicing January 1st until the renewal form is reviewed and approved at the January 2012 meeting.

To renew your license submit your renewal fee (see section labeled FEES), complete this form, including a listing of a minimum of twelve (12) continuing education hours, sign and date this renewal application. You must include the congressional district of your residence (only if you live in Alabama). Please refer to the attached map. You can also get this information from your county registrar, if necessary. **Due to changes to congressional district lines, please reconfirm the accuracy of your congressional district particularly if you live in districts 2, 3, 6, or 7.** For renewal applications received or applications that are incomplete after January 31, there will be a fee of \$20 per month (beginning February 1) of delinquency assessed.

THERE IS NO GRACE PERIOD. If your license has not been renewed by December 31st, you must cease/desist from practicing speech-language pathology and/or audiology. Failure to renew in a timely manner will result in late fees, notification to your employer, notification to insurance carriers, and a possible violation for practicing without a license, with a fine of up to \$1,000 for each offense.

PRINT CLEARLY OR TYPE ALL INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ABESPA License Number _____

*Social Security Number XXX-XX- _____

Home Telephone Number _____

Work Telephone Number _____

**U.S. CONGRESSIONAL DISTRICT _____

* Required by law. **Code of Alabama 1975**, Section 30-3-194. If not included renewal form will be returned.

** Your renewal form will be returned if the US congressional district is not completed.

Primary Employer Name _____

Street Address _____

City _____ State _____ Zip _____

Employer Phone Number _____

FEES

This is an application for:

| | | | |
|-----------------|-----------|-----------|--------------------|
| License Renewal | _____ SLP | _____ AUD | Amount Encl. _____ |
| | (\$75.00) | (\$75.00) | |

| | | | |
|-----------------|-----------|-----------|--------------------|
| Inactive Status | _____ SLP | _____ AUD | Amount Encl. _____ |
| | (\$37.50) | (\$37.50) | |

Non-renewal reason: Fee Not Applicable

- _____ 1. I am working in an exempt setting.
- _____ 2. I have moved to another state and I am no longer practicing in the State of Alabama.
- _____ 3. I am retired and no longer practicing in the State of Alabama.
- _____ 4. Other-explain _____

Late Fee (\$20 per month starting 02-01-12) _____

(You can not practice without a current license) _____

TOTAL AMOUNT ENCLOSED _____

You must complete twelve (12) hours per license of continuing education each year as a condition of licensure renewal. If this is your first renewal period you are required to have one (1) hour of continuing education for each month licensed. The required hours must be completed in the twelve month period from January 1, 2011 thru December 31, 2011. Please list your continuing education activities on the following form. **YOU MUST INCLUDE ALL SUPPORTING DOCUMENTATION WITH THIS FORM.** A random selection of license renewals must be audited each year. Keep your records for a period of five years.

_____ Entire Form completed

_____ Proof of attendance attached (if audited)

_____ Payment enclosed

I, the undersigned, certify that all information contained herein is true and correct to the best of my knowledge and belief, and I agree to abide by the continuing education audit procedures. I also understand that I must comply with the ethical rules governing ABESPA licensees.

Signature: _____

Date: _____

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.

ABESPA USE ONLY:

| | |
|-------|---------------------|
| _____ | Fee received |
| _____ | 12 CEH reported |
| _____ | License renewed |
| _____ | License not renewed |
| _____ | Renewal pending |
| _____ | Renewal approved |

ABESPA CONTINUING EDUCATION REPORTING FORM

The required hours must be completed in the twelve month period of **January 1, 2011 to December 31, 2011**

| Date of Activity | Continuing Education Activity | Sponsor ¹ | Content Area I (CEH) | Content Area II (CEH) Max. 2 hours |
|---|-------------------------------|----------------------|----------------------|---------------------------------------|
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| | | | | |
| TOTAL (content areas I & II) | | | | |

¹Who sponsored activity, e.g., ASHA, ABESPA, SHAA, University, school system, etc?
²CEH = Continuing Education Hours. Only report CEH. An ASHA CEU of 0.1 = 1.0 ABESPA CEH.
If additional space is needed, please attach separate sheet