

# LICENSE RENEWAL NOTICE/APPLICATION

2011-2012

**YOUR CURRENT LICENSE EXPIRES December 31, 2011.**

**You can renew online at: [www.abespa.org](http://www.abespa.org)**

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. **DO NOT INCLUDE ANY SUPPORTING DOCUMENTATION WITH THIS FORM (unless you have been selected to be audited).** You must, however, be able to document your hours should you be audited. 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 <sup>1</sup>	Content Area I (CEH)	Content Area II (CEH) Max. 2 hours
<b>TOTAL (content areas I &amp; II)</b>				

<sup>1</sup>Who sponsored activity, e.g., ASHA, ABESPA, SHAA, University, school system, etc?

<sup>2</sup>CEH = 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**