

ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY LICENSE (ABESPA)

RENEWAL NOTICE / APPLICATION INSTRUCTIONS
2014 - 2015

YOUR CURRENT LICENSE EXPIRES DECEMBER 31, 2014*

*****THERE IS NO GRACE PERIOD**** If your license has not been renewed by December 31st, you must cease and 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 and insurance carriers. It is violation to practice without a license which could result in a fine of up to \$1,000 for each offense (every patient / client).

Complete and provide the following documents:

A) Page 1- Identification information including Fees Schedule

B) Page 2- Verification Signature

C) Page 3- ABESPA continuing Education Reporting Form

NOTE: if audited, supporting documents MUST be included prior to the December 12, 2014

D) Send a check, money order, etc. with the total Fees

You can renew two (2) ways:

Online: www.abespa.alabama.gov

(If you have been selected for auditing, you **CANNOT** use this procedure.)

Mail to: **ABESPA**

P.O. Box 304760

Montgomery, Alabama 36130-4760

RENEW BEFORE DECEMBER 31, 2014

PLEASE DO NOT SEND RENEWAL FORMS PRIOR TO OCTOBER 1st

SIGNATURE REQUIRED ON PAGE -2-

ABESPA CEU INFORMATION / VERIFICATION SIGNATURE

You must complete a minimum of twelve (12) hours per license of continuing education within each calendar year as a condition of licensure. (January 1, 2014 to December 31, 2014).

1. If this is your **FIRST** renewal period, you are required to have One **(1)** hour of continuing education for each month licensed.
2. If this is your **ANNUAL** renewal, list your twelve **(12)** hours continuing education activities on Page 3. A minimum of 10 hours are specific for improving professional competence (Content Area I) which should include 1 hour of Ethics. Two **(2)** hours can be in an area related to licensure (Content Area II). (ABESPA Code: 870-X-4-.08)

DO NOT INCLUDE ANY SUPPORTING DOCUMENTS WITH THIS FORM UNLESS YOU HAVE BEEN SELECTED FOR AUDIT. *Keep all supporting documents for five (5) years in case you are audited. ABESPA is required to randomly select at least 25% of license renewals for audit each year.*

* I understand **THERE IS NO GRACE PERIOD.** If my license has not been renewed by December 31st, I will cease and desist from practicing Speech-Language Pathology and / or Audiology. Failure to renew in a timely manner will result in late fees, notification to my employer and insurance carriers. I understand it is a violation to practice without a license which could result in a fine of up to \$1,000 for each offense (every patient / client).

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:

DATE RECEIVED AT OFFICE _____ **FEE RECEIVED** _____

RENEWAL APPROVAL DATE _____ **INITIALS** _____

RENEWAL PENDING _____

Renew by December 31, 2014

Name: _____ License Number _____

ABESPA CONTINUING EDUCATION REPORTING FORM

The required hours must be completed in the twelve month period of **January 1, 2014 to December 31, 2014**

Date of Activity	Continuing Education Activity	Sponsor ¹	Content Area I (CEH)	Content Area II (CEH) Max. 2 hours
	ETHICS -			
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