

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

Telephone: (334)269-1434      Fax :( 334) 834-9618  
Web: [www.abespa.alabama.gov](http://www.abespa.alabama.gov)      Email: [abespa@abespa.alabama.gov](mailto:abespa@abespa.alabama.gov)  
Mailing Address: P.O. Box 304760, Montgomery, AL 36130-4760

## **SUBJECT: LICENSURE APPLICATION SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY**

Upon completion of the enclosed Licensure Application, please be sure you have attached the following information:

- The notarized application
- Attach check or money order for application fee and licensure fee made payable to ABESPA.
- Secure the supporting documents, if required (Option 1).
- If applying under Option 3 you must complete the Reciprocity Form and mail to the state in which you are currently licensed.
- Proof of citizenship
- Passport size photo

Mail licensure application, \$200.00 application fee, licensure fee and supporting documents to the above address.

Licensure fees are as follows:

January 1 - August 31	\$75.00
September 1 - September 30	65.00
October 1 - October 31	55.00
November 1- November 30	45.00
December 1 - December 31	35.00

**ALL LICENSES EXPIRE ON DECEMBER 31.** To maintain license a \$100.00 annual renewal fee and documentation of twelve (12) clock hours of continuing education must be submitted prior to December 31 each year.

Attach  
Passport  
Size  
Photo

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**APPLICATION FOR LICENSURE**

**Applicant's Name** \_\_\_\_\_  
Last First Middle (Maiden)

**Mailing Address** \_\_\_\_\_

City State Zip Code

**Business Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **CELL Phone** \_\_\_\_\_

**\*Soc. Sec. No.** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Sex:** \_\_\_ Female \_\_\_ Male \_\_\_ Other \_\_\_ I prefer not to disclose that information  
**Race** \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ American Indian or \_\_\_ Alaskan Native \_\_\_ Native Hawaiian or Pacific Islander \_\_\_ Two or More Races \_\_\_ Other \_\_\_ I prefer not to disclose this information

**U.S. Citizen:** Y N **Legal Alien:** Y N **Visa Type & Number** \_\_\_\_\_

**U.S. Congressional District** \_\_\_\_\_ **County** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Applying for licensure in** ( ) AUDIOLOGY ( ) SPEECH-LANGUAGE PATHOLOGY using the following option:

- OPTION 1 ( ) I have requested that the following information be sent directly to the Board
  - 1. Undergraduate and graduate transcripts
  - 2. Results of the national examination \*\*
  - 3. A notarized statement from the supervisor indicating that the Professional Experience (CFY for SLPs or 4<sup>th</sup> Year Internship for Au.D.) has been completed
  - 4. A letter from the director of the training program verifying that I have completed the required hours of direct clinical experience with individuals with communication disorders
- OPTION 2 ( ) I have requested that ASHA send the Board confirmation that I currently hold the Certificate of Clinical Competence. ASHA Certification Number \_\_\_\_\_
- OPTION 3 ( ) Reciprocity. List all states, territories, countries where you have been licensed or registered and license number. (All licenses must be verified by the licensing authority with Board seal (see Reciprocity Form))

List any other name you have worked or held a license under \_\_\_\_\_

\*Required by the Code of Alabama 1975, §30-3-194. Form will be returned if not included.  
\*\*EXAMINATION-individuals applying for licensure under Option 1 must also complete the examination for Speech-Language Pathologists and/or Audiologists available through the National Teachers Examinations, Educational Testing Service. At the time and place of the examination, which you must arrange, you must request that the examination results be sent directly to ABESPA.

- 1) Has any state rejected your application for licensure?  Yes  No
- 2) Has any state imposed any form of disciplinary action (revocation, suspension, reprimand, fine, etc. on you or your license)?  Yes  No
- 3) Do you have any unresolved or pending complaints or disciplinary action against you or your license?  Yes  No
- 4) 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 and provide a copy of the court document with conviction and sentence information.

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- 5) To the extent that it impairs your ability to function as an SLP or Audiologist, have you ever used or are you currently using intoxicating liquors, drugs or other chemical substances obtained with or without prescriptions?  Yes  No
- 6) 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
- 7) Have you voluntarily surrendered a license to practice Speech-Language Pathology and/or Audiology in another state or country?  Yes  No

Any YES answers to questions 1-6 requires a notarized explanation.

How many years have you been employed as an SLP or Audiologist? \_\_\_\_\_

### **CITIZENSHIP/IMMIGRATION STATUS**

Per Code of Alabama, 1975 §31-13-5 of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act-Immigration Law, all persons holding or applying for a license to practice in Alabama must show proof of citizenship or immigration status.

Please check appropriate status and return your documentation along with your licensure application.

**I am a United States Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:**

- Alabama Driver's License or Identification issued by Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating US birth
- Valid US Passport
- Military Identification showing US as place of birth
- Naturalization documents
- Certificate of citizenship
- Consular report of birth abroad of US citizen
- Bureau of Indian Affairs identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of US birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of birth issued by U S Department of State

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**I am not a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to**

**this checklist) is as follows:**

- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: (Explain)

**ACADEMIC HISTORY**

**UNDERGRADUATE SCHOOL**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

**GRADUATE SCHOOL**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

**OTHER EDUCATION SETTING**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

Present Employer's Name \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

Work Phone \_\_\_\_\_ Start Date \_\_\_\_\_

Previous Employers:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Include street, city, state and zip code)

**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.

I certify that I have read and will comply with all applicable provisions of the Alabama Board of Examiners for Speech-Language Pathology and Audiology Administrative Code and the Code of Alabama, 1975 §34-28A

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
My commission expires: \_\_\_\_\_

**(SEAL)**

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.