

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 based on race, color, national origin, sex, religion, age or disability in employment or the provision of services.