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Alabama Board of Examiners for Speech-Language Pathology and Audiology
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Web: www.abespa.alabama.gov Email: abespa@abespa.alabama.gov
Mailing Address: P.O. Box 304760, Montgomery, AL 36130-4760

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 _____

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 (SLP: 162 score – AUD: 170 score) **
 - 3. A notarized statement from the supervisor indicating that the Professional Experience (CFY for SLPs or 4th 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)
*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.

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

- 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

- 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

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

_____ **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.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public
My commission expires: _____

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.