

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

RENEWAL NOTICE / APPLICATION INSTRUCTIONS  
**2017 - 2018**

**YOUR CURRENT LICENSE EXPIRES DECEMBER 31, 2017**

**\*\*\*THERE IS NO GRACE PERIOD\*\*** If your license has not been renewed by December 31<sup>st</sup>, 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, CE audit, notification to your employer, and insurance carriers. 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).

**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 with renewal form.

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

**You can renew two (2) ways:**

Online: [www.abespa.alabama.gov](http://www.abespa.alabama.gov)

(If you have been selected for auditing or this is your first time renewing, you **CANNOT** use this procedure. **Online renewal is only available thru December 31st**)

**Mail to:** ABESPA  
P.O. Box 304760  
Montgomery, Alabama 36130-4760

**Contact information:** Telephone: 334-269-1434  
Email: [abespa@mindspring.com](mailto:abespa@mindspring.com)

**RENEW BEFORE DECEMBER 31, 2017**

**Original SIGNATURE REQUIRED ON PAGE -2-**

# AUDIT

ALABAMA BOARD OF EXAMINERS FOR SPEECH – LANGUAGE PATHOLOGY AND  
AUDIOLOGY LICENSE (ABESPA) RENEWAL NOTICE / APPLICATION FOR 2017-18

NAME \_\_\_\_\_ ABESPA LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State ZIP

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

\*SOCIAL SECURITY NUMBER (last four digits only) XXX-XX- \_\_\_\_\_ Required by law.  
Code of Alabama 1975, Section 30-3-194. If not included, documents will be returned.)

EMAIL ADDRESS \_\_\_\_\_

\*\*U.S. CONGRESSIONAL DISTRICT \_\_\_\_\_  
(You must include the congressional district of your residence (only if you live in Alabama). You can get this information from your County Registrar. If not included, documents will be returned).

Primary Employer Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Employer Phone Number \_\_\_\_\_

## FEES

This is an application for:

License Renewal: \_\_\_\_\_ SLP \_\_\_\_\_ AUD Amount Encl. \_\_\_\_\_  
(\$100.00) (\$100.00)

Inactive Status: \_\_\_\_\_ SLP \_\_\_\_\_ AUD Amount Encl. \_\_\_\_\_  
(\$50.00) (\$50.00)  
**(Must be requested prior to January 31<sup>st</sup>)**

Late Fee: (\$20 per month starting 02-01-17) Amount Encl. \_\_\_\_\_  
(Proof of CE hours must also be attached)

**You CAN NOT practice without a CURRENT license!** (Code- 870-X-4-.03)

**TOTAL AMOUNT =** \_\_\_\_\_

## NON-RENEWAL REASON:

- \_\_\_ 1. I am working in an exempt setting. (ABESPA Code: 870-X- 2-.01)
- \_\_\_ 2. I have moved to another state and I am no longer practicing in Alabama.
- \_\_\_ 3. I am retired and no longer practicing in the State of Alabama.
- \_\_\_ 4. OTHER: \_\_\_\_\_

**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, 2017 to December 31, 2017).

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 clinical competence (Content Area I) ABESPA suggest you 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)

**UNLESS YOU HAVE BEEN SELECTED FOR AUDIT OR IF YOU ARE RENEWING AFTER JANUARY 31<sup>ST</sup> DO NOT INCLUDE ANY SUPPORTING DOCUMENTS WITH THIS FORM.** *Keep all CE 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 31<sup>st</sup>, 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, CE audit, 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, 2017**

Name: \_\_\_\_\_ License Number \_\_\_\_\_

**ABESPA CONTINUING EDUCATION REPORTING FORM**

The required hours must be completed in the twelve month period of **January 1, 2017 to December 31, 2017**

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**