YOUR CURRENT LICENSE EXPIRES DECEMBER 31, 2015*

***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 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 prior to the December 11, 2015

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, 2015

PLEASE DO NOT SEND RENEWAL FORMS PRIOR TO OCTOBER 1st

SIGNATURE REQUIRED ON PAGE -2-
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 or refer to the Congressional District Map on ABESPA’s website. If not included, documents will be returned).

Are you a citizen of the United States?   Yes_______ No_______

Are you an alien lawfully present in the United States?   Yes____   No_______

Name of document provided:____________________________________________________

Primary Employer Name ______________________________________________________________________

Address
Street                   City                   State                     ZIP

Employer Phone Number__________________________

This is an application for:

<table>
<thead>
<tr>
<th>License Renewal:</th>
<th>SLP</th>
<th>AUD</th>
<th>Amount Encl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>($100.00)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inactive Status:</th>
<th>SLP</th>
<th>AUD</th>
<th>Amount Encl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>($50.00)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Late Fee: ($20 per month starting 02-01-16) Amount Encl. ________

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: __________________________
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, 2015 to December 31, 2015).

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, 2015

PAGE 2
**ABESPA CONTINUING EDUCATION REPORTING FORM**

The required hours must be completed in the twelve month period of **January 1, 2015 to December 31, 2015**

<table>
<thead>
<tr>
<th>Date of Activity</th>
<th>Continuing Education Activity</th>
<th>Sponsor</th>
<th>Content Area I (CEH)</th>
<th>Content Area II (CEH) Max. 2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL (content areas I & II)**

---

1. Who sponsored activity, e.g., ASHA, ABESPA, SHAA, University, school system, etc?
2. 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