Alabama Board of Examiners for Speech-Language Pathology and Audiology  
Telephone: (334) 269-1434    Fax: (334) 834-9618  
Web Address: www.abespa.org  
Email Address: abespa@mindspring.com  
Mailing Address: PO Box 304760, Montgomery, AL 36130-4760

APPLICATION FOR LICENSURE

Applicant's Name______________________________________________________

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<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle (Maiden)</th>
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Mailing Address_______________________________________________________

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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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 (600 or better) **
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.

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
Is English your primary language? ____Yes  ____No  If no, are you proficient in English ____Yes  ____No
Other languages ___________________________________________

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 charged or convicted of any crime or unprofessional conduct or pedophilia or voyeurism? ____Yes  ____No

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? _____________

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________________

Present Employer's Name___________________________________________
Address________________________________________________________________ (Include street, city, state and zip code)
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 (ASESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Revised 04/2012