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Alabama Board of Examiners for
Speech-Language Pathology and Audiology
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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 (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)

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 (ASESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.