

# Alabama Board of Examiners for Speech-Language Pathology and Audiology

Mailing Address: PO Box 304760, Montgomery AL 36130-4760  
Telephone: (334) 269-1434 Fax: (334) 834-9618

## **SUBJECT: CFY FOR SPEECH LANGUAGE PATHOLOGY/FOURTH YEAR INTERNSHIP FOR AUDIOLOGY REGISTRATION (SUPERVISED PROFESSIONAL EXPERIENCE)**

The Alabama Licensure Law does not apply to individuals fulfilling the supervised professional experience for licensure, providing:

1. The individual registers through the submission of a registration application to the Board within thirty (30) days of employment.
2. The individual is under the direct supervision of a person licensed or otherwise qualified in the area (speech pathology or audiology) for which a license is being sought. A notarized statement from the supervisor to that effect must accompany CFY/Fourth Year Internship Registration.

In order to register for the Supervised Professional Experience the following should be submitted:

1. The notarized application.
2. Application fee of \$200.00 made payable to ABESPA.
3. A notarized statement from the supervisor indicating that the Professional Experience is being supervised. The statement must include: Beginning date of Supervised Professional Experience, place of employment, number of hours worked weekly and date of completion.
4. Request that official undergraduate and graduate transcripts be sent directly to the Board from the institution.
5. A letter from the director of the educational program verifying that requirements prior to supervised clinical experience have been completed.

Any changes in employer or supervisor should be reported to the Board within ten (10) days.

The following is a suggested work schedule that may be used to meet clinical fellowship year requirements:

Full-time Clinical Fellowship Year: 30 hours or more per week for 9 months.

Part-time Clinical Fellowship Year: 25-29 hours per week for 12 months; 20-24 hours per week for 15 months; 15-19 hours per week for 18 months. Professional employment of any less than 15 hours per week will not fulfill any part of this requirement.

For the Fourth-Year Internship, the acquisition of a total 1,820 hours (that include hours obtained prior to the commencement of the Fourth-Year Internship). Total number of clinical practicum hours may vary based on current academic requirements.

Upon completion of the supervised professional experience and the completion of the written examination (Praxis Exam), the individuals must inform the board in writing and complete the licensure application. Completion of the licensure application includes payment of the licensure fee which is prorated to the month the supervised professional experience is completed. After receipt of this written notification, the Board will act upon the individual's application.

Attach  
Passport  
Size  
Photo

Alabama Board of Examiners for  
Speech-Language Pathology and Audiology  
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Web Address: [www.abespa.org](http://www.abespa.org)  
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Mailing Address:  
PO Box 304760  
Montgomery AL 36130-4760

**REGISTRATION APPLICATION**  
**CLINICAL FELLOWSHIP YEAR FOR SPEECH LANGUAGE PATHOLOGISTS**  
**FOURTH YEAR INTERNSHIP FOR AUDIOLOGY (SUPERVISED PROFESSIONAL EXPERIENCE)**

Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ US Congressional Dist. \_\_\_\_\_

Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Present Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Have you ever changed your name through marriage, action of a court or have you ever been known by any other name? \_\_\_\_yes \_\_\_\_no if yes, list all names below:

Setting \_\_\_\_ Hospital \_\_\_\_ Private Practice \_\_\_\_ Rehab Agency \_\_\_\_ School \_\_\_\_ University \_\_\_\_ Other \_\_\_\_\_  
(describe)  
\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_\_ Number of Months to complete (if part time)

- ( ) I am registering as a clinical fellow in SPEECH PATHOLOGY  
( ) I am registering as a Fourth Year Intern in AUDIOLOGY. I will begin the experience with \_\_\_\_\_ clinical hours as indicated by the attached form from my University.

SUPERVISOR \_\_\_\_\_ AL License No \_\_\_\_\_

Mailing address \_\_\_\_\_

Street

City

State

Zip

Beginning Date of Supervised Professional Experience \_\_\_\_\_

Expected Completion Date \_\_\_\_\_ Number of Hours employed per week \_\_\_\_\_

Applicant History: General

A. Is English your primary language \_\_\_ yes \_\_\_ no if no, are you proficient in English \_\_\_ yes \_\_\_ no

B. Proficient in other language \_\_\_ yes \_\_\_ no Language \_\_\_\_\_

C. 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 crime involving fraud, deception, false pretense, theft, or misrepresentation? ? \_\_\_ yes \_\_\_ no

If YES, please explain: \_\_\_\_\_

D. 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: \_\_\_\_\_

E. 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

If YES, please explain: \_\_\_\_\_

Academic History (official transcripts substantiating the academic history must be sent to ABESPA.)

College/Universities	City	State	From:	To:	Degree

Please list the exact name under which you were registered at the above institution(s):

\_\_\_\_\_

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 \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary Public  
My commission expires: \_\_\_\_\_

The following section is to be completed by the Supervisor:

CFY/4<sup>th</sup> Year Registrant Name: \_\_\_\_\_  
(Print or Type)

Name of Supervisor: \_\_\_\_\_  
(Print or Type)                      Last Name                                      First Name                                      Middle Initial

\_\_\_\_\_  
Alabama License Number of Supervisor

\_\_\_\_\_  
ASHA Certification Number

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone : (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

I \_\_\_\_\_ have agreed to provide required and appropriate supervision to \_\_\_\_\_, registrant for CFY/4<sup>th</sup> Year for the period starting \_\_\_\_\_ and ending \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
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.