

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

RENEWAL NOTICE / APPLICATION INSTRUCTIONS
2024 - 2025

YOUR CURRENT LICENSE EXPIRES DECEMBER 31, 2024

Do not mail renewal form prior to October 1st

*****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, CE audit, notification to your employer, and alerting 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. Audits will be reviewed at the October 11th November 8th and December 13th Board meetings.

D) Send a check, money order or certified check with the total fees

You can renew two (2) ways:

Online: 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@abespa.alabama.gov

RENEW BEFORE DECEMBER 31, 2024

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, 2024 to December 31, 2024).

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 is specific for improving professional clinical competence (Content Area I) ABESPA suggests 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 31ST 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 10% 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, 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.

I have read and understand the rules and regulations governing ABESPA.

Signature: _____ **Date:** _____

ABESPA USE ONLY:

DATE RECEIVED AT OFFICE _____ **FEE RECEIVED** _____

RENEWAL APPROVAL DATE _____ **INITIALS** _____

RENEWAL PENDING _____

Renew before December 31, 2024

Name: _____ License Number _____

ABESPA CONTINUING EDUCATION REPORTING FORM

The required hours must be completed in the twelve-month period of **January 1, 2024 to December 31, 2024**

Date of Activity	Continuing Education Activity	Sponsor ¹	Content Area I (CEH)	Content Area II (CEH) Max. 2 hours
TOTAL (content areas I & II)				

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