ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
ASSISTANT RENEWAL NOTICE/APPLICATION 2025-2026

Complete and provide the following before December 31, 2025:

A. Page 1 To be completed by the supervising speech-language pathologist or audiologist.

B. Page 2 To be completed by Assistant along with their Documentation of ten (10) hours of clinically relevant continuing education.

C. $50.00 Renewal fee (check, money order, etc.).

SUPERVISOR: _____

DATE _____**TYPE OF LICENSE:** _____**ABESPA LICENSE #**_____

ADDRESS_____
Street **City** **State** **ZIP**

HOME PHONE: _____**WORK PHONE:** _____

EMAIL ADDRESS _____

I have reviewed and understand the ABESPA Administrative Code 870-X-2-.06 (Sections 2-8 to 2-10) for supervising Speech-Language Pathology or Audiology Assistant(s). This information includes but is not limited to specific information on Assistant: Qualifications; Duties; Prohibited Duties; Assistant Titles; Assistant Supervision Requirements; and the Specific Work Plan requirements.

I understand I can supervise no more than two (2) full-time Assistants concurrently.

I understand that I am responsible for timely renewal of the Assistant application, and I may be subject to disciplinary actions if I fail to follow all Assistant procedures.

I agree to supervise the following Assistant: _____

Signature of Supervisor: _____

***Date*:** _____

Send a check or money order with the total Fees, along with proof of continuing education prior to December 31, 2025. Failure to apply for renewal of registration shall result in automatic revocation of registration to assist.

Mail to: ABESPA, P.O. Box 304760, Montgomery, Alabama 36130- 4760

ASSISTANT INFORMATION:

Name: _____

Address: _____
Street City Zip

Social Security Number: XXX-XX-_____ Email_____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

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Assistant must complete ten (10) hours of continuing education each year as a condition of registration renewal. The required hours must be completed from January 1, 2025 to December 31, 2025. Please list your continuing education activities on this form. **Attach a copy of supporting documentation with renewal form.** Keep your original records for a period of five (5) years. **If attaching a transcript, it must be an official transcript from university/college.**

ABESPA CONTINUING EDUCATION REPORTING FORM

SPONSOR	CE ACTIVITY	DATE	HOURS
	TOTAL CE HOURS		

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.

_____ _____
Signature of Assistant Date