Alabama Board of Examiners for
Speech-Language Pathology and Audiology
Telephone: (334) 269-1434
Web address: www.abespa.alabama.gov
Email address: abespa@abespa.alabama.gov

Street Address:
400 S. Union St., Suite 435
Montgomery, AL 36104

Mailing Address:
P.O. Box 304760
Montgomery, AL 36130-4760

COMPLETION OF LICENSURE APPLICATION PROCESS

Our records indicate that you are registered with ABESPA and enrolled in supervised professional experience. **If you wish to obtain an Alabama license in speech language pathology or audiology you must submit the enclosed application form to the above address within 30 days of the completion date of the CF or 4th Year Internship.**

Licensure fee must be included with application.

Board licensure fees are as follows:

January 1 - August 31	$75.00
September 1 - September 30	65.00
October 1 - October 31	55.00
November 1 - November 30	45.00
December 1 - December 31	35.00

ALL LICENSES EXPIRE ON DECEMBER 31st. Renewals of licenses for the following year are accepted beginning in October. The renewal application must include the annual renewal fee of $100.00 and documentation of one (1) hour of continuing education for each month you are licensed (i.e. if licensed in June you are required to have seven (7) hours of continuing education).

COMPLETION OF LICENSURE APPLICATION PROCESS

Applicant's Name_____
Last First Middle (Maiden)

Mailing Address_____
Street or Route Number

_____County_____
City State Zip

Date of Birth_____ SSN:_____

Email Address_____

Business Phone_____ Home Phone_____

Present Employer's Name_____

Address_____

I am applying for licensure in ( ) AUDIOLOGY ( ) SPEECH PATHOLOGY option:

I have requested that the following information be sent directly to the Board

1. Graduate transcripts for Audiology applicant only
2. Results of the national examination (Praxis)
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. License fee

The completed application, licensure fee and items listed above must be received by the ABESPA office within **30 days of the expiration date of your provisional license for the Clinical Fellow or 4th Year Internship.**

If you have any questions, contact the ABESPA office.