



ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE
PATHOLGOY AND AUDIOLOGY
P.O. BOX 304760
MONTGOMERY, AL 36130-4760
Telephone: 334-269-1434 Fax: 334-834-9618
Web address: www.abespa.alabama.gov

30-Day Practice Extension Form

For Temporary Practice Within Alabama For Non- ABESPA Providers

Name of Out-of-State Practitioner:

Address:

City: _____ State: _____ Zip: _____

Name of Alabama licensee you are working in cooperation with:

Alabama License Number: _____ Circle One: SLP AUD SLP/AUD

Address:

City: _____ State: _____ Zip: _____

Original Ending date of service(s) in Alabama: _____

Requested Extension date of service(s) in Alabama: _____

Reason for Extension of service:

I hereby confirm and state that I am requesting a 30-day extension to my original application. I understand that should I continue to provide services outside of the bounds of the original agreement, I am in violation of the laws governing speech-language pathology and audiology in Alabama and could be disciplined for any violations.

Signature of Out-of-State Practitioner

Date

Signature of ABESPA licensee

Date