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Alabama Board of Examiners for Speech  
Language Pathology and Audiology  
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MILITARY SPOUSE EXPEDITED LICENSURE FORM

1. \_\_\_\_\_  
Last First Middle/Maiden

2. I am currently married to \_\_\_\_\_, who is a member of the United States Armed Forces and is or will be on active duty in Alabama as follows:

Branch of service and duty station \_\_\_\_\_.

Duty began or will begin in Alabama on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

3. I have an active registration, license, certification or other authorization to practice in good standing in the following state(s), District of Columbia, or territory or possession of the United States of America:

occupation/license type:	license number:	issuing jurisdiction:	valid through:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. I acknowledge that I must also complete the appropriate application form, meet the requirements for licensure in Alabama for the applicable occupation, and that I must provide accurate copies of Department of Defense dependent ID (or other proof of marriage), and a copy of the permanent change of station military orders showing my spouse is assigned to active duty in Alabama.

\_\_\_\_\_  
Signature

## 870-X-2-.02(7) Licensure Guidelines for Military Spouses

- (a) In accordance with Military Family Jobs Opportunity Act 2018, a military spouse who is licensed as a speech language pathologist, or audiologist in another state will be given special consideration when applying for licensure in this state.
1. Military spouse applicants apply according to 870-X-2-.02 but using the Military Spouse Expedited Licensure Form.
  2. Applicants who are the spouse of military personnel submit with the application a copy of current dependent military-issued identification.
  3. Application fees usually associated with licensure applications are waived.
  4. This section shall not apply to the spouse of a military member receiving a dishonorable discharge.