

**Alabama Board of Examiners for
Speech-Language Pathology and Audiology**

Telephone: (334)269-1434

Fax: (334)834-9618

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 a 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.** If you are applying under option 1, the supporting documents may accompany the application or be sent directly from the individuals specified.

If applying under option 2, you must contact ASHA and have them send the board a letter verifying you hold the Certification of Clinical Competence.

If approved by the Board licensure fees are as follows (optional at time of application):

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

Upon receipt of notification from the Board that the licensure application has been approved, an initial licensing fee must have been received or submitted using the above scale. **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).

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Applicant's Name _____
Last First Middle (Maiden)

Mailing Address _____
Street or Route Number
City State Zip County _____

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:

OPTION 1 () I have requested that the following information be sent directly to the Board

1. Graduate transcripts for 4th Year Interns only
2. Results of the national examination (see below).
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. A letter from the director of training program verifying that I have completed the required hours of direct clinical experience with individuals with communication disorders.

OPTION 2 () I have requested that ASHA send the Board confirmation that I currently hold the Certificate of Clinical Competence.

EXAMINATION-Individuals applying for licensure under Option 1 must also complete the examination for Speech Pathologist and/or Audiologist available through the National Teacher Examinations, Educational Testing Service. At the time and place of the examination, which must be arranged by the applicant, the applicant must request that the examination results be sent to directly to ABESPA, Box 304760, Montgomery, AL 36130-4760.

The Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.