

Alabama Board of Examiners for Speech-Language Pathology and Audiology

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

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

Reciprocity

Verification of Licensure Speech Pathology/Audiology

Instructions to the Applicant:

1. This form may be copied.
2. Complete the Information in Part I only.
3. Forward a copy of this form to each state in which you are licensed (includes Permanent, Temporary, Current, Inactive, Assistant/Aide).

I, _____, hereby authorize and request the board of _____ having control of any documents, records and other information pertaining to me to furnish to the Alabama Board of Examiners for Speech-Language Pathology and Audiology, information including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

PART 1. TO BE COMPLETED BY APPLICANT (Please Print)

Applicant Name: _____
Last First Middle/Maiden

Date of Birth: _____ Social Security #: _____

Address: _____

Email Address: _____

Title of License: _____ License #: _____

Please list any other names you have worked or held a license under:

Applicant's Signature: _____

PART 2. TO BE COMPLETED BY STATE BOARD

The individual listed above has applied for licensure in Alabama as a Speech-Language Pathologist/Audiologist. Before any further consideration is given to this application, we need the information requested on this form. The following section must be completed by an official of the State Board and returned directly to the Alabama Board of Examiners for Speech-Language Pathology and Audiology.

Applicant Name: _____

Title of License: _____ Date of original issue: _____

This license is: () Permanent () Temporary () Current () Inactive () Assistant/Aide

Explain: _____

This License was obtained by:

() Examination () ASHA CCC () Grandfathering () Reciprocity () Endorsement of

License in: _____

Explain: _____

	YES	NO
1. Has the applicant ever been modified or requested to appear before any licensing or disciplinary authority in your state? If yes, attach details.	_____	_____
2. Has applicant ever been the subject of complaints or charges received by a disciplinary authority in your state? If yes, attach details.	_____	_____
3. Has the applicant ever been warned, censured or disciplined in any manner by a licensing or disciplinary authority of your state? If yes, attach details.	_____	_____
4. Has any applicant for initial licensure of reinstatement ever been denied?	_____	_____

Correspondent's Signature: _____

Correspondent's Title: _____

State Board of: _____ (Not valid without Board Seal)

Attach a copy of the laws and rules on speech-language pathology/Audiology in your state.

ABESPA does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or the provision of services.