

**ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
ASSISTANT RENEWAL NOTICE/APPLICATION 2026-2027**

Must be completed and returned to the ABESPA office prior to December 31, 2026:

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|------------|--|
| A. Page 1 | To be completed by supervising speech-language pathologist or audiologist. All additional supervisor must complete page 1. |
| B. Page 2 | To be completed by Assistant along with their Documentation of ten (10) hours of clinically relevant continuing education. |
| C. \$50.00 | Renewal fee (check, money order, etc.). |

SUPERVISOR: _____

DATE _____ **TYPE OF LICENSE:** _____ **ABESPA LICENSE #** _____

ADDRESS _____
Street City State ZIP

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL ADDRESS

I have reviewed and understand the ABESPA Administrative Code 870-X-2.06 (Sections 2-8 to 2-10) for supervising Speech-Language Pathology or Audiology Assistant(s). This information includes but is not limited to specific information on Assistant: Qualifications; Duties; Prohibited Duties; Assistant Titles; Assistant Supervision Requirements; and the Specific Work Plan requirements.

I understand I can supervise no more than two (2) full-time Assistants concurrently.

I understand that I am responsible for timely renewal of the Assistant application, and I may be subject to disciplinary actions if I fail to follow all Assistant procedures.

I agree to supervise the following Assistant:

Signature of Supervisor: _____

Date: _____

Send a check or money order with the total Fees, along with proof of continuing education prior to December 31, 2026. Failure to apply for renewal of registration shall result in automatic revocation of registration to assist.

Mail to: ABESPA, P.O. Box 304760, Montgomery, Alabama 36130- 4760

ASSISTANT INFORMATION:

Name: _____

Address: _____
Street City ZipSocial Security Number: XXX-XX- Email _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Assistant must complete ten (10) hours of continuing education each year as a condition of registration renewal. The required hours must be completed from January 1, 2026 to December 31, 2026. Please list your continuing education activities on this form. **Attach a copy of supporting documentation with renewal form.** Keep your original records for a period of five (5) years. **If attaching a transcript, it must be an official transcript from university/college.**

ABESPA CONTINUING EDUCATION REPORTING FORM

SPONSOR	CE ACTIVITY	DATE	HOURS
	TOTAL CE HOURS		

I, the undersigned, certify that all information contained herein is true and correct to the best of my knowledge and belief, and I agree to abide by the continuing education audit procedures.

Signature of Assistant_____
Date