



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

4815 West Markham Street, Slot 72

Little Rock, Arkansas 72205

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APPLICATION FOR LICENSE

Rev. 7/7/2021

All candidates for licensure have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and response provided on this application may result in denial or other appropriate action. Your application will not be considered complete until all documents and fees have been received by the Board office. Check One: [] Speech Pathology application [] Audiology application

(ALL FIELDS REQUIRED)

1. Name [] (print name as you wish it to appear on your license)

2. Home Address [] Phone [] City and State [] Zip [] Email address [] County of Residence []

3. Current Employer [] Employer's Address [] City and State [] Zip [] Phone [] County of Employment []

4. Date of Birth [] Age [] Gender []

5. Race /Ethnicity [] African American [] American Indian/Alaskan [] Asian/Pacific Islander [] Caucasian [] Hispanic [] Other

6. Social Security Number []

7. Place of Birth []

8. Please list any state in which you hold or have ever held a professional license []

9. Have you ever been the subject of disciplinary action (e.g. revocation, suspension, reprimand, fine, etc.) by a state licensing authority? If yes, attach explanation. [] Yes [] No

10. Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure? If yes, attach explanation. [] Yes [] No

11. Have you ever voluntarily surrendered your professional license in any state? If yes, Attach explanation. [] Yes [] No

12. Have you ever been charged or convicted of any crime, not including minor traffic offenses? If yes, attach explanation. [] Yes [] No

13. Professional Employment (Begin with most recent professional employment first. Attach additional pages if necessary)

Dates of Employment (Mo., Day, Yr.) From _____ To _____	Title of Position _____ _____
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Name of Employer _____

Physical Address of Work Location _____

City _____ State Choose an item.

Address of Employer _____

City and State _____

Dates of Employment (Mo., Day, Yr.) From _____ To _____	Title of Position _____ _____
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Name of Employer _____

Physical Address of Work Location _____

City _____ State Choose an item.

Address of Employer _____

City and State _____

Dates of Employment (Mo., Day, Yr.) From _____ To _____	Title of Position _____ _____
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Name of Employer _____

Physical Address of Work Location _____

City _____ State Choose an item.

Address of Employer _____

City and State _____

14. Has any state licensing authority ever denied your application for licensure or renewal? Yes No
 If yes, attach explanation.

15. Have you ever been the subject of disciplinary action (e.g. revocation, suspension, reprimand, fine, etc.) by a state licensing authority? If yes, attach explanation. Yes No

16. Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure? If yes, attach explanation. Yes No

17. Have you ever voluntarily surrendered you professional license in any state? If yes, Attach explanation. Yes No

18. Have you ever been charged or convicted of any crime? If yes, attach explanation. Yes No

EDUCATION OR TRAINING				
University or College	City, State	Dates Attended	Degree & Date	Major

19. First expected day of practice in Arkansas was/will be: [Click here to enter a date.](#)

20. Do you hold current certification with American Speech –Language Hearing Association (ASHA)? Yes No
 If yes, indicate area: CCC-SLP CCC-A

Account number as shown on your card _____
Please include a copy of your card with your application

Affidavit of the applicant

I hereby apply for a license to practice Speech-Language Pathology or Audiology within the State of Arkansas under the rules established by the Arkansas Board of Examiners in Speech-Language Pathology and Audiology and Ark. Code Ann. §17-100-101 et seq. I hereby submit the \$100.00 application fee in the form of a check or money order, made payable to "ABESPA". I understand that the fee will be retained by the Board should my application be rejected. I understand that the license issued to me will be valid for only one year, and it is my responsibility to renew annually before **June 30th**.

I, the undersigned do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

Signature of Applicant _____