



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

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Little Rock, Arkansas 72205

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APPLICATION FOR REGISTRATION AS SPEECH-LANGUAGE PATHOLOGY ASSISTANT

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.

(ALL FIELDS REQUIRED)

PERSONAL INFORMATION

- 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 (checkboxes for African American, American Indian/Alaskan, Asian/Pacific Islander, Caucasian, Hispanic, Other)
6. Social Security Number
7. Place of Birth
8. Are you a legal resident of Arkansas? (checkbox Yes, If yes, which county Choose an item.)
9. Give names, address, and dates of issuance of any other state professional license or registration, if any
10. Has any license/registration issued by any State Board or Agency ever been revoked or suspended? (checkbox Yes, checkbox No, If yes, attach a detailed explanation.)
11. Have any disciplinary proceedings by a State Board or Agency been initiated against you at any time? (checkbox Yes, checkbox No, If yes, attach a detailed explanation.)
12. Have you, previously to this date, been denied licensure/registration in any other state? (checkbox Yes, checkbox No, Is so, type of license/registration and State(s))

13. Have you ever been convicted of any violations of law, not including minor traffic offenses? Yes No
If yes, attach a detailed explanation.

14. Are there any criminal or civil suits pending against you? Yes No

15. Are you being supervised under any other agency? Yes No

If yes, indicate agency

16. Anticipated first day with supervisor [Click here to enter a date.](#)

17. Prospective Employer

Employer's Address

City and State

Zip

Phone

County of Employment

SUPERVISION

Supervisor's Name

AR License #

Work Site

Supervisor's Name

AR License #

Work Site

EDUCATION OR TRAINING

| University or College | City, State | Dates Attended | Degree & Date | Major |
|-----------------------|-------------|----------------|---------------|-------|
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| | | | | |
| | | | | |

EMPLOYMENT HISTORY

| Dates of Employment (Mo., Day, Yr.) | Title of Position |
|--|-------------------|
| From | |
| To | |
| Name of Employer | |
| Physical Address of Work Location | |
| City | State |
| Address of Employer | |

| | | |
|-----------------------------------|--|-------------------|
| City and State | | |
| | Dates of Employment (Mo., Day, Yr.) | Title of Position |
| From | | |
| To | | |
| Name of Employer | | |
| Physical Address of Work Location | | |
| City | State | |
| Address of Employer | | |
| City and State | | |
| | Dates of Employment (Mo., Day, Yr.) | Title of Position |
| From | | |
| To | | |
| Name of Employer | | |
| Physical Address of Work Location | | |
| City | State | |
| Address of Employer | | |
| City and State | | |

AFFIDAVIT OF THE APPLICANT

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have ready 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 _____ Date _____