



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

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Rev. 3/28/18

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
6. Social Security Number
7. Place of Birth
8. Are you a legal resident of Arkansas?
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 Has any license/registration issued by any State Board or Agency ever been revoked or suspended?
11. Have any disciplinary proceedings by a State Board or Agency been initiated against you at any time?
12. Have you, previously to this date, been denied licensure/registration in any other state?

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

EMPLOYMENT HISTORY

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

City and State <input style="width: 90%;" type="text"/>	
<p style="text-align: center;">Dates of Employment (Mo., Day, Yr.)</p> <p>From <input style="width: 90%;" type="text"/></p> <p>To <input style="width: 90%;" type="text"/></p>	<p style="text-align: center;">Title of Position</p> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Name of Employer <input style="width: 95%;" type="text"/>	
Physical Address of Work Location <input style="width: 95%;" type="text"/>	
City <input style="width: 40%;" type="text"/>	State <small>Choose an item.</small>
Address of Employer <input style="width: 95%;" type="text"/>	
City and State <input style="width: 95%;" type="text"/>	
<p style="text-align: center;">Dates of Employment (Mo., Day, Yr.)</p> <p>From <input style="width: 90%;" type="text"/></p> <p>To <input style="width: 90%;" type="text"/></p>	<p style="text-align: center;">Title of Position</p> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Name of Employer <input style="width: 95%;" type="text"/>	
Physical Address of Work Location <input style="width: 95%;" type="text"/>	
City <input style="width: 40%;" type="text"/>	State <small>Choose an item.</small>
Address of Employer <input style="width: 95%;" type="text"/>	
City and State <input style="width: 95%;" type="text"/>	

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