



Arkansas Department of Health

Arkansas Board of Examiners in Speech-Language Pathology and Audiology
4815 West Markham Street, Slot 72 • Little Rock, Arkansas 72205-3867 • (501) 537-9151 • Fax: (501) 682-9181

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Secretary of Health
Nathaniel Roe, MFA, MA, Director

APPLICATION FOR LICENSE

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

I am applying for:

Name:

(Legal First, Middle, Last)

Home Address:

City and State:

Zip Code:

Email Address:

Phone:

Date of Birth:

Place of Birth:

Race/Ethnicity: Black or African American Native American/Alaskan Asian or Pacific Islander
 Caucasian Hispanic or Latin American Other

Social Security Number:

Gender:

Have you ever held an Arkansas Speech-Language Pathology or Audiology License?

If yes, what is the license number?

Please list any state(s) in which you currently hold a professional license.

Do you hold current certification with American Speech-Language Hearing Association (ASHA) or the American Board of Audiology (ABA)?

If yes, indicate area: CCC-SLP CCC-A

Account number as shown on your card:

Please include a copy of your current ASHA or ABA card with your application

Education

University or College	City, State	Degree and Major	Date Awarded

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.	
Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure? If yes, attach explanation.	
Have you ever voluntarily surrendered your professional license in any state? If yes, Attach explanation.	
Has any state licensing authority ever denied your application for licensure or renewal? If yes, attach explanation.	
Have you ever been charged or convicted of any crime, not including minor traffic offenses? If yes, attach explanation.	
Are you or your spouse a Uniform Service Member or Veteran?	

First expected day of practice in Arkansas will be:

Current Employer:

Employer's Address:

City and State:

Zip Code:

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 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

Date