



**ARKANSAS BOARD OF EXAMINERS IN
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Renee Mallory, RN, BSN
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DIRECTOR

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GOVERNOR

Licensee Information Change Request

Full Legal Name:

License Number:

Current Address:

City and State:

Zip Code:

County/Parish

Email Address:

Phone:

Current Employer:

Employer's Address:

City and State:

Zip Code:

County/Parish

Employer's Phone:

Please include with this form the required supporting documents if you are requesting a name change. Address and employer changes do not require supporting documentation. Accepted documents are a current driver's license or other government-issued identification showing the name change. Marriage licenses are not accepted. If you have further questions, please contact our office at abespa@arkansas.gov.

Signature:

Date:

Arkansas Department of Health
Arkansas Board of Examiners in Speech-Language Pathology and Audiology
4815 West Markham St., Slot 72 · Little Rock, AR 72205
501-537-9151 · abespa@arkansas.gov

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