Renee Mallory, RN, BSN
SECRETARY OF HEALTH

Jennifer Dillaha, MD
DIRECTOR

Sarah Huckabee Sanders
GOVERNOR

ARKANSAS BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

ABESPA License Renewal Form

Your license will expire at midnight on June 30. To legally practice after June 30, your renewal, including payment, must be renewed through our website, or postmarked by July 15. Please note that the 15 days is not additional time for completing the continuing education requirement and does not allow for practice after the expiration date. Continuing education completed outside the one-year licensure period will not be approved. Continuing Education Hours must be entered online in CE Broker.

IMPORTANT: Please use the form below to update your directory information if needed. If your name has changed, please send the appropriate documentation to update your name.

PERSONAL INFORMATION

Name _____ License Number _____

Home Address _____ Phone _____

City and State _____ Zip _____

Email address _____ County of Residence _____

Current Employer

_____

Employer's Address

_____

City and State _____ Zip _____

Phone _____ County of Employment _____

All information is subject to the Arkansas Freedom of Information Act and may be shared with sponsors of continuing education as well as others (recruiters, students, etc.). Payment will be acknowledged by receipt of renewal card sent via email.

License Renewal Fees (Updated for 2025)

Regular Renewal	~~**$60.00**~~	**$3.00**
Dually Licensed	~~**$85.00**~~	**$4.25**
Inactive Status	~~**$40.00**~~	**$2.00**

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

Late renewal fee:

$100 between July 16-Dec. 31; $200 between Jan. 1-July 15; $300 after one year of delinquency (maximum of $500.00).

Do you serve individuals with hearing loss? Yes ____ No ____

FOR ACTIVE SPEECH LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS: I hereby attest that – 1.) I have completed the ten (10) hours of continuing education (15 hours for dual license holders) required for renewal and either have submitted those hours through the CE INPUT portal or will via this renewal process.* 2.) During the previous calendar year, I was not charged with or convicted of a felony, nor was I the subject of any disciplinary action by any government agency or another state's licensing authority. 3.) I am currently not the subject of any criminal proceedings, or regulatory or licensure investigations.

FOR ACTIVE SPEECH LANGUAGE PATHOLOGY ASSISTANTS: I hereby attest that – 1.) I have completed the ten (10) hours of continuing education, or 1 hour for every month I am registered as an SLPA with five of the hours coming from Content area 1, as required for renewal and have either submitted those hours through the CE INPUT portal or will via this renewal process.* 2.) My current supervising Speech Pathologist is on file with the Board. 3.) During the previous calendar year, I was not charged with or convicted of a felony, nor was I the subject of any disciplinary action by any government agency or another state's licensing authority. 4.) I am currently not the subject of any criminal proceedings, or regulatory or licensure investigations.

FOR INACTIVE RENEWALS: I hereby attest that – 1.) During the previous calendar year, I was not charged with or convicted of a felony, nor was I the subject of any disciplinary action by any government agency or another state's licensing authority. 2.) I am currently not the subject of any criminal proceedings, or regulatory or licensure investigations.

*At its discretion, the Board may request an audit of the hours submitted; therefore, it is your responsibility to keep a record (proof of attendance) of your continuing education for three (3) years.

I, the below named licensee, attest and affirm that I have not practiced speech-language pathology and/or audiology since the date of expiration on my license. I will not practice speech-language pathology or audiology in the state of Arkansas until my license is approved for renewal by the Board.

Signature: _____

Date: _____