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

RENEWAL AFFIDAVIT

STATE OF_____ COUNTY OF_____

Before me, the undersigned Notary Public, appeared_____,

(Licensee's name)

to me well known or satisfactorily proven to be the affiant herein, and stated under oath:

1. My name is _____.
2. I have not practiced Speech-Language Pathology or Audiology in the State of Arkansas during the period after the date my ABESPA license expired, and ending at midnight,

   _____.

   (Date of mailing)

_____

Affiant Signature (Licensee)

SUBSCRIBED AND SWORN to before me this _____ day of _____, in the year _____.

_____

Notary Public (SEAL)

My commission expires: _____

Arkansas Department of Health
Arkansas Board of Examiners in Speech-Language Pathology and Audiology
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501-537-9151 · abespa@arkansas.gov