



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

Renee Mallory, RN, BSN
SECRETARY OF HEALTH

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DIRECTOR

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GOVERNOR

APPLICATION CHECK LIST

All items must be received in our office within the first 30 days of practice.

These items can be mailed or emailed to ABESPA@Arkansas.gov

AUDIOLOGY and SPEECH PATHOLOGY

1. Completed and signed application.
2. Check, money order, on-line payment, or cash for non-refundable application fee.
3. Official verification from any state you are currently or previously licensed in.
4. Social Security Number and Date of Birth
5. Clear copy of current ASHA card / American Board of Audiology card or a letter from ASHA/ABA specifying the date of certification and expiration date **or**
 - Official graduate degree transcripts. Accepted electronically or by mail directly from the University or sealed in the University's envelope.
 - Copy of your summary of Clinical Fellow clinical practicum hours
 - Official Praxis score of 162 or better obtained directly from ETS. Recipient score code for ABESPA is R8773.

SP Provisional

1. Completed and signed application.
2. Check, money order, on-line payment, or cash for non-refundable application fee.
3. Clinical Fellowship Year Plan
4. Social Security Number and Date of Birth
5. Official graduate degree transcripts. Accepted electronically or by mail directly from the University or sealed in the University's envelope.

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

HEALTHY.ARKANSAS.GOV

SLP-A

1. Completed and signed application.
2. Completed and signed supervisor application
3. Social Security Number and Date of Birth
4. Official undergraduate degree transcripts. Accepted electronically or by mail directly from the University or sealed in the University's envelope.