

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

APPLICATION FOR LICENSE IN SPEECH-LANGUAGE PATHOLOGY
OR AUDIOLOGY

PERSONAL (Print or Type)

1. NAME _____
(Last) (First) (Middle) (Maiden)

2. MAILING ADDRESS _____
(Street Number or Route Number or Box Number)

(City) (State) (Zip)

3. PHONE _____
Include area code: (Home) (Work)

4. EMAIL: _____

5. DATE OF BIRTH _____ AGE _____ SEX _____
SOCIAL SECURITY NUMBER _____

6. INDICATE COUNTY WHERE PRACTICE WILL TAKE PLACE _____

7. GIVE NAMES, ADDRESSES AND DATES OF ISSUANCE OF ANY OTHER
STATE PROFESSIONAL LICENSES, IF ANY: _____

8. HAS ANY LICENSE ISSUED BY ANY STATE BOARD EVER BEEN REVOKED OR
SUSPENDED? _____ IF YES, EXPLAIN IN DETAIL: _____

9. HAVE YOU, PREVIOUS TO THIS DATE, BEEN DENIED LICENSURE IN ANY
OTHER STATE, EITHER BY EXAMINATION OR RECIPROCITY? _____
IF SO, NAME THE LICENSE(S) AND STATE(S) _____

10. DO YOU HOLD CURRENT CERTIFICATION WITH AMERICAN SPEECH-
LANGUAGE-HEARING ASSOCIATION (ASHA)? _____ Yes _____ No
IF YES, INDICATE AREA: _____ CCC-SP _____ CCC-A AND
ACCOUNT NUMBER AS SHOWN ON YOUR CARD. _____
(Send copy of wallet sized card)

11. ARKANSAS LICENSURE SOUGHT IN:
SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY _____

12. FIRST DAY OF PRACTICE IN AR WAS/WILL BE: _____
Date

PROFESSIONAL EDUCATION (List Undergraduate Work First)

<u>Name/Location of Institution</u>	<u>Degree & Major</u>	<u>Date(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE (List Current Position First)

<u>Dates of Employment</u>	<u>Name and Address of Employer</u>
From _____ to _____	_____
From _____ to _____	_____
From _____ to _____	_____
From _____ to _____	_____

AFFIDAVIT OF THE APPLICANT

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)

Subscribed and sworn to before me on this _____ day of _____ in the year _____

Notary Public

My Commission expires _____ (Date) (Seal)