



**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/Cell) (Work)

4. EMAIL: _____

5. DATE OF BIRTH _____ AGE _____ GENDER _____

6. SOCIAL SECURITY NUMBER _____

7. RACE/ETHNICITY:
Black(African American) _____ White _____ Hispanic _____ Asian _____ Other _____

8. PLACE OF BIRTH: _____

9. COUNTY OF RESIDENCE _____ COUNTY OF EMPLOYMENT _____

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

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

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

13. 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)

14. HAS ANY LICENSE(S) ISSUED BY ANY STATE BOARD EVER BEEN REVOKED OR SUSPENDED? _____ IF YES, ATTACH EXPLANATION

15. 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) _____

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 of Employer & Address</u> | <u>Practice Location</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)