

**Arkansas Board of Examiners
in Speech-Language Pathology and Audiology
101 East Capitol, Ste. 211
Little Rock, AR 72201
(501)682-9180-phone
(501) 682-9181-fax
abespa@ipa.net**

APPLICATION INSTRUCTIONS FOR FULL LICENSE

In order to practice during the application process in any facility that requires Arkansas licensure, our office must receive a completed, notarized application, application fee, and copy of a current ASHA card within the first 30 days of practice in our state. You may also practice as an applicant by submitting the application, application fee, and copy of a current license from another state if that state maintains professional standards considered by the Arkansas Board to be equivalent to those set forth by Arkansas law. See rules and regulations Section 2.15 and verify with the Board office before assuming you may practice under licensure of another state.

Although certain sections of the rules are cited below, all applicants are responsible for reading and following all parts of the law and rules and regulations.

No application will be processed until all required documents have been received. Immediate notification in writing is required if you have a change of name, address, etc.

There are three options:

To obtain full license with current ASHA CCC, submit:

1. Completed, notarized application, non-refundable \$100.00 application fee, and copy of your current ASHA card (Rules-Section 2.5).
2. If currently or previously licensed in another state, complete the top portion of the Out of State Verification Form and mail to state of current or previous licensure for completion. That state board will return the completed form directly to our office. Applicant is responsible for any fee charged for this service. If phone number or address of another state board is needed, you may contact our office for that information.
PLEASE NOTE: This form (or equivalent information) must be received from every state of licensure, whether that license is current or not.
3. Letter from ASHA stating when your CCC was granted. If the conferral date was between 1/ 1/71 and 1/ 1/93, an official transcript of your Master's degree or letter from the chair of the department verifying the degree, is also required. The transcript or letter must be sent directly from the university to our office. (An official copy in a sealed envelope will be accepted.) If CCC was granted before January 1, 1971, see options below. (Rules Section 2.9 and 2.10)

To obtain a full license if ASHA CCC was granted before 1/1/71 OR you do not hold current ASHA CCC, submit the following (If applying under this option, you may not practice as an applicant without specific board approval)

1. Completed, notarized application and non-refundable \$100.00 application fee. (Rules-Section 2.5).
2. Official undergraduate and graduate degree transcripts (or letter from the chair of the dept. verifying the degree) mailed to our office directly from the university(s) or submit copies in a sealed envelope. (Rules-Section 2.7 and 2.8)
3. Proof of clinical practicum hours, signed by the college/university program director or representative. (Rules-Section 2.8 B) A photocopy of your clinical practicum summary is acceptable. This proof might consist of a photocopy of the ASHA CFY Report, letter from ASHA granting the Certificate in Clinical Competence, or other verification documents.
4. Proof of successful completion of nine months of supervised professional experience. (Rules-Section 2.11)
5. If currently or previously licensed in another state, complete the top portion of the Out of State Verification Form and mail to state of current or previous licensure for completion. That state board will return the completed form directly to our office. Applicant is responsible for any fee charged for this service. If phone number or address of another state board is needed, you may contact our office for that information.
PLEASE NOTE: This form (or equivalent information) must be received from every state of licensure, whether that license is current or not.
6. Official NTE score report with score of 600 or higher OR copy of a current ASHA card. (Rules-Section 2.13 and 2.14)

To obtain a license under the reciprocity clause:

(May or may not be eligible to practice as an applicant. Check with the board office.)

1. A current license from another state with equivalent requirements **may** be accepted in lieu of items above. (Rules-Section 2.15) This does not apply to individuals who were licensed under a “grandfather” clause. Please submit proof of licensure and a complete copy of the law and rules and regulations of the state of licensure. Copies may be obtained from the regulating agency of the state.
2. If currently or previously licensed in another state, complete the top portion of the Out of State Verification Form and mail to state of current or previous licensure for completion. That state board will return the completed form directly to our office. Applicant is responsible for any fee charged for this service. If phone number or address of another state board is needed, you may contact our office for that information.
PLEASE NOTE: This form (or equivalent information) must be received from every state of licensure, whether that license is current or not.

Granting of license

1. The board will review applications during regular meetings, usually the second Friday of every other month. (Jan., Mar., May, July, Sept, Nov).
2. The applicant will be notified in writing of the Board's action. This might be approval of the request for a license or a request for more information.
3. If the application is accepted and approved by the Board, the applicant will be instructed to submit the \$80.00 licensure fee with specific instructions for lettering of the license and information for the ABESPA Directory. (Rules-Section 4.2)
4. Upon receipt of the fee, a license number will be assigned and a wallet-sized license and wall certificate will be mailed to the licensee.
5. License information will be listed in the annual publication of the Licensure Directory.