



**ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY**

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I \_\_\_\_\_ hereby authorize and request the State Board of **Choose an item.** to furnish the Arkansas Board of Examiners in Speech-Language Pathology and Audiology documents, records or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to include any other pertinent licensure information.

<b>Signature of Applicant</b> _____	<b>License Number</b> _____	<b>Issue Date</b> Click here to enter a date.
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<b>Full name of Applicant</b> _____	<b>Date of Birth</b> Click here to enter a date.	<b>Social Security Number</b> _____
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**Other Names Used in Obtaining Licensure**  
\_\_\_\_\_

**Current Address (Street, City, State, and Zip Code)**  
\_\_\_\_\_

The following section must be completed by an official of the State Board and returned directly to the Arkansas Board of Examiners in Speech Language Pathology and Audiology.

<b>State of</b> _____	<b>Full Name of Licensee</b> _____
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<b>Licensure Status</b> _____	<b>License Number</b> _____	<b>Issue Date</b> Click here to enter a date.
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<b>License Current</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>License in Good Standing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the applicant ever been the subject of complaints or charges received by a disciplinary authority in your state? If yes, attach details.  
 Yes       No

Has the applicant ever been notified or requested to appear before any licensing or disciplinary authority in your state? If yes, attach details.  
 Yes       No

Has the applicant ever been warned, censured, or disciplined in any manner by a licensing or disciplinary authority in your state? If yes, attach details.  
 Yes       No

Has any application by the above applicant ever been denied? If yes, attach details.  
 Yes       No

**Comments, if any**  
\_\_\_\_\_

<b>Board Seal</b>	<b>Signature and Title</b> _____	<b>Date</b> Click here to enter a date.
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<b>Board Seal</b>	<b>State Board</b> _____	
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