



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY
CPE REPORT FOR SLP ASSISTANTS
 4815 West Markham Street, Slot 72
 Little Rock, Arkansas 72205
 Office: (501) 682-9180 • Fax: (501) 682-9181
 Website: www.abespa.com • Email: abespa@arkansas.gov

PERIOD COVERING _____ THROUGH _____

Rev.3/26/18

- Please review the following:**
1. The report of continuing professional education (CPE) activities should reflect at least one hour for every month of registration (maximum of 10 hours per fiscal year).
 2. Renewal will **not** be processed until continuing education is received.
 3. This report should be sent with your renewal form postmarked by July 15th.
 4. **Your report must list exact course titles, dates, activity type, content area with subcategory, and hours attended.**
 5. You are required to keep accurate and up-to-date records of all continuing professional education (CPE) activities attended, in case of audit by the Board.
 6. Please retain a copy of this report for your personal records.

Type or print all information legibly and sign the certification statement:

I certify this report to be an accurate account of my attendance and participation in Continuing Professional Education.

Signature _____

Name _____ Registration # _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Supervisor's Name _____ Supervisor License # _____

Activity Title	# of Hours	Activity Type	Date	Content Area
Total				

• If Self Study, complete Self Study Report and attach)

Board Use Only



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APPLICATION TO SUPERVISE SLP-ASSISTANT(S)

Rev. 3/26/18

1. Name

Home Address

Phone

City and State

Zip

Email address

County of Residence

2. Current Employer

Employer's Address

City and State

Zip

Phone

County of Employment

3. Name of SLP-Assistant(s)

4. Worksite Information (Worksite for SLP-A)

Name of Worksite

Address

Phone

City and State

Zip

(ATTACH EXTRA SHEET IF NECESSARY)

5. Are you registered as an SLP-A Supervisor with any other Agency? Yes No

If yes, indicate agency

6. List where and when initial training was/will be completed:

7. Attach a written job description for the SLP-A which includes:

- Specific tasks to be performed under the direction of the supervising SLP
- A description of the caseload to be served
- A supervision plan describing how the supervising SLP will provide both direct and indirect supervision and contact with each client every two weeks as required
- The service delivery plan including the settings in which services will be provided and the anticipated frequency of service by the supervising SLP and assistant
- Training plan aimed at assuring that the SLP-A possesses the competencies to conduct the tasks assigned
- Describe how supervising SLP will stay in contact with the SLP-A (i.e. phone, email, other)



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Rev. 3/28/18

APPLICATION FOR REGISTRATION AS SPEECH-LANGUAGE PATHOLOGY ASSISTANT

All candidates for licensure have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and response provided on this application may result in denial or other appropriate action. Your application will not be considered complete until all documents and fees have been received by the Board office.

(ALL FIELDS REQUIRED)

PERSONAL INFORMATION

- 1. Name (print name as you wish it to appear on your license)
2. Home Address, Phone, City and State, Zip, Email address, County of Residence
3. Current Employer, Employer's Address, City and State, Zip, Phone, County of Employment
4. Date of Birth, Age, Gender
5. Race /Ethnicity (checkboxes for African American, American Indian/Alaskan, Asian/Pacific Islander, Caucasian, Hispanic, Other)
6. Social Security Number
7. Place of Birth
8. Are you a legal resident of Arkansas? (checkboxes for Yes/No, with county selection)
9. Give names, address, and dates of issuance of any other state professional license or registration, if any
10. Has any license/registration issued by any State Board or Agency ever been revoked or suspended? (checkboxes for Yes/No)
11. Have any disciplinary proceedings by a State Board or Agency been initiated against you at any time? (checkboxes for Yes/No)
12. Have you, previously to this date, been denied licensure/registration in any other state? (checkboxes for Yes/No)
Is so, type of license/registration and State(s)