



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

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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 Has any license/registration issued by any State Board or Agency ever been revoked or suspended?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)