

You've Mastered the Master's - Now What?

GARY COPELAND, M.A., CCC-SLP

LANA LANGLEY, M.S., CCC-SLP

SHAA
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Alabama Board of Examiners for Speech-Language Pathology and Audiology

Mailing Address: P.O. Box 304760, Montgomery, AL 36130-4760

Telephone: (334)269-1434

Fax: (334)834-9618

MEETINGS ARE HELD ON THE
2ND FRIDAY OF EVERY MONTH

A monthly meeting is
scheduled in conjunction
with SHAA

ALABAMA BOARD OF EXAMINERS FOR SPEECH
PATHOLOGY AND AUDIOLOGY

FINDING YOUR CONGRESSIONAL DISTRICT



COMPLETING THE FORM

LICENSING REQUIREMENTS ARE GOVERNED BY THE RULES AND REGULATIONS	Alabama Administrative Code

SUBJECT: CFY FOR SPEECH LANGUAGE PATHOLOGY/FOURTH YEAR INTERNSHIP FOR AUDIOLOGY REGISTRATION (SUPERVISED PROFESSIONAL EXPERIENCE) The Alabama Licensure Law does not apply to individuals fulfilling the supervised professional experience for licensure, providing: 1. The individual registers through the submission of a registration application to the Board within thirty (30) days of employment. 2. The individual is under the direct supervision of a person licensed or otherwise qualified in the area (speech pathology or audiology) for which a license is being sought. A notarized statement from the supervisor to that effect must accompany CFY/Fourth Year Internship Registration.

In order to register for the Supervised Professional Experience the following should be submitted: 1. The notarized application. 2. Application fee of \$200.00 made payable to ABESPA. 3. A notarized statement from the supervisor indicating that the Professional Experience is being supervised. The statement must include: Beginning date of Supervised Professional Experience, place of employment, number of hours worked weekly and date of completion. 4. Request that official undergraduate and graduate transcripts be sent directly to the Board from the institution. 5. A letter from the director of the educational program verifying that requirements prior to supervised clinical experience have been completed.
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Full-time Clinical Fellowship Year:

- 30 hours or more per week for 9 months.

Part-time Clinical Fellowship Year:

- 25-29 hours per week for 12 months;
- 20-24 hours per week for 15 months; 15-19 hours per week for 18 months.

Professional employment of any less than 15 hours per week will not fulfill any part of this requirement.

SUGGESTED WORK SCHEDULE THAT MAY BE USED TO MEET CLINICAL FELLOWSHIP YEAR REQUIREMENTS

Speech Pathology

The acquisition of a total 1,820 hours

- May include hours obtained prior to the commencement of the Fourth-Year Internship).
- Total number of clinical practicum hours may vary based on current academic requirements.

4TH YEAR INTERNSHIP

Audiology

Upon completion of the supervised professional experience and the completion of the written examination

Praxis Exam Score:
Audiology: 170
SLP: 162

- the individuals must inform the board in writing and complete the licensure application.
- Completion of the licensure application includes payment of the licensure fee which is prorated to the month the supervised professional experience is completed.
- After receipt of this written notification, the Board will act upon the individual's application.

COMPLETION OF CF/4TH YEAR

You did it!!

Attach
Passport
Size
Photo

Alabama Board of Examiners for Speech
Language Pathology and Audiology
Telephone: (334)269-1434 Fax : (334) 834-9618
Web: www.abespa.alabama.gov Email: abespa@mindspring.com
Mailing Address: P.O. Box 304760, Montgomery, AL 36130-4760

REGISTRATION APPLICATION
CLINICAL FELLOWSHIP YEAR FOR SPEECH LANGUAGE PATHOLOGISTS
FOURTH YEAR INTERNSHIP FOR AUDIOLOGY (SUPERVISED PROFESSIONAL EXPERIENCE)

Applicant's Name _____
Last First MI

Social Security Number: _____ US Congressional Dist. _____

Mailing Address _____
Street

City State Zip

Date of Birth _____ Place of Birth _____

U.S. Citizen: YES NO Legal Alien: YES NO Visa Type & Number _____

Home Phone _____ Cellular Phone _____

E-mail _____ Work Phone _____

Present Employer _____

Mailing Address _____
Street City State Zip

I am registering as a clinical fellow in SPEECH PATHOLOGY
 I am registering as a Fourth Year Intern in AUDIOLOGY. I will begin the experience with _____
clinical hours as indicated by the attached form from my University.

SUPERVISOR _____ AL License No _____

Mailing address _____
Street

City State Zip

Beginning Date of Supervised Professional Experience _____

Expected Completion Date _____ Number of Hours employed per week _____

Applicant History: General

- A. Is English your primary language ___ yes ___ no If no, are you proficient in English ___ yes ___ no
- B. Proficient in other language ___ yes ___ no Language _____
- C. Have you ever been convicted of, or accepted a plea of guilty, nolo contendere (no contest), or received a deferred sentence in any court to a crime involving fraud, deception, false pretense, theft, or misrepresentation? ___ yes ___ no
If YES, please explain and provide a copy of the court document with conviction and sentence information:

- D. Have you ever been convicted of, or accepted a plea of guilty, nolo contendere (no contest), or received a deferred sentence in any court to a felony? ___ yes ___ no
If YES, please explain and provide a copy of the court document with conviction and sentence information.

- E. To the extent that it impairs your ability to function as an SLP or Audiologist, have you ever used or are you currently using intoxicating liquors, drugs or other chemical substances obtained with or without prescriptions? ___ Yes ___ No
- F. Have you ever been a participant in a drug or alcohol treatment or rehabilitation program in which you were monitored or supervised relative to your use of drugs or alcohol ___ yes ___ no
If YES, please explain and provide documentation of your completed treatment: _____

CITIZENSHIP/IMMIGRATION STATUS

Per Code of Alabama, 1975 §31-13-5 of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act- Immigration Law, all persons holding or applying for a license to practice in Alabama must show proof of citizenship or immigration status.
Please check appropriate status, and return your documentation along with your licensure application.

____ I am a United States Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:
____ Alabama Driver's License or Identification issued by Department of Public Safety

- ____ Driver's License from other state that required proof of lawful presence
- ____ Birth Certificate indicating US birth
- ____ Valid US Passport
- ____ Military Identification showing US as place of birth
- ____ Naturalization documents
- ____ Certificate of citizenship
- ____ Consular report of birth abroad of US citizen
- ____ Bureau of Indian Affairs identification
- ____ American Indian Card issued by Homeland Security
- ____ Final adoption decree showing person's name and place of US birth
- ____ A valid Uniformed Services Privileges and Identification Card
- ____ Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- ____ Certification of birth issued by U S Department of State

____ I am not a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:

- ____ I-327 Re-entry Permit
- ____ I-551 Permanent Resident Card
- ____ I-571 Refugee Travel Document
- ____ I-766 Employment Authorization Card
- ____ I-94 Arrival/Departure Record
- ____ Unexpired Foreign Passport
- ____ Temporary I-551 Stamp (on passport or I-94)
- ____ I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- ____ DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- ____ Machine-readable immigrant Visa (with temporary I-551 language)
- ____ Other: (Explain)

Academic History (official transcripts substantiating the academic history must be sent directly to ABESPA.)

College/Universities	City	State	From:	To:	Degree

Please list the exact name under which you were registered at the above institution(s):

NOTARIZATION

I hereby certify that all information pertaining to this application is true and correct and that the Alabama Board of Examiners for Speech Pathology and Audiology is hereby granted permission to obtain verification of educational and employment data reported herein.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public
My commission expires: _____

The following section is to be completed by the Supervisor:

CFY/4th Year Registrant Name: _____
(Print or Type)

Name of Supervisor: _____
(Print or Type) Last First Middle

Alabama License Number of Supervisor ASHA Certification Number

Mailing Address: _____

Phone : () _____ Fax: () _____

I _____ have agreed to provide required and appropriate supervision to _____, registrant for CFY/4th Year for the period starting _____ and ending _____

Month/Day/Year _____ Month/Day/Year _____

Full Time _____ Part Time _____

Signature of Supervisor: _____

Date: _____

NOTARIZATION

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public
My commission expires: _____

The Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

COMPLETION OF LICENSURE APPLICATION PROCESS

Hang on,
You're ALMOST there!!

COMPLETION OF LICENSURE APPLICATION PROCESS

Our records indicate that you are registered with ABESPA and enrolled in a supervised professional experience. If you wish to obtain an Alabama license in speech language pathology or audiology you must submit the enclosed application form to the above address within 30 days of the completion of the CFY or 4th year internship. If you are applying under option 1, the supporting documents may accompany the application or be sent directly from the individuals specified.

If applying under option 2, you must contact ASHA and have them send the board a letter verifying you hold the Certification of Clinical Competence.

If approved by the Board licensure fees are as follows (optional at time of application):

January 1 - August 31	\$75.00
September 1 - September 30	65.00
October 1 - October 31	55.00
November 1 - November 30	45.00
December 1 - December 31	35.00

Upon receipt of notification from the Board that the licensure application has been approved, an initial licensing fee must have been received or submitted using the above scale. ALL LICENSES EXPIRE ON DECEMBER 31. Renewal of licenses for the following year are accepted beginning in October. The renewal application must include the annual license fee of \$75.00 and documentation of twelve (12) clock hours of continuing education. For those seeking license in both Speech-Language Pathology and Audiology, the license fee of \$150.00 and twenty-four (24) clock hours of continuing education must be submitted prior to December 31st each year. Renewals can be completed at www.abespa.org, if licensed before August 1st.

COMPLETION OF LICENSURE APPLICATION PROCESS

Applicant's Name _____
 Last First Middle (Maiden)

Mailing Address _____
 Street or Route Number

 City State Zip

Date of Birth _____ SSN: _____

Business Phone _____ Home Phone _____

Present Employer's Name _____

Address _____

I am applying for licensure in () AUDIOLOGY () SPEECH PATHOLOGY option:

OPTION 1 () I have requested that the following information be sent directly to the Board

1. Undergraduate and graduate transcripts
2. Results of the national examination (see below).
3. A notarized statement from the supervisor indicating that the Professional Experience (CFY for SLPs or 4th Year Internship for Au.D.) has been completed.
4. A letter from the director of training program verifying that I have completed the required hours of direct clinical experience with individuals with communication disorders.

OPTION 2 () I have requested that ASHA send the Board confirmation that I currently hold the Certificate of Clinical Competence.

EXAMINATION-Individuals applying for licensure under Option 1 must also complete the examination for Speech Pathologist and/or Audiologist available through the National Teacher Examinations, Educational Testing Service. At the time and place of the examination, which must be arranged by the applicant, the applicant must request that the examination results be sent to directly to ABESPA, PO Box 304760, Montgomery, AL 36130-4760.

The Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Professional Organizations

AMERICAN ACADEMY OF AUDIOLOGY	AAA ASHA ABESPA
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION	
ALABAMA BOARD ... FOR SPEECH PATHOLOGY AND AUDIOLOGY	

AMERICAN ACADEMY OF AUDIOLOGY



AAA

- **CE approval** for certification: AUDs and AUD programs
- A **CE Registry** and transcripts
- 2018 Membership: **\$370/yr** (incl. application fee)
- More About AAA at
<https://www.audiology.org/about-us/academy-information>

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION



ASHA

- **Certification** for SLPs and Audiologists
- **Certification** for AUD/SLP academic programs
- **Required** by some employers
- **Required** for supervision of students
- 2018 Membership: **\$199/yr**
- ASHA, asha.org

ALABAMA BOARD OF EXAMINERS FOR
SPEECH PATHOLOGY AND AUDIOLOGY

*Insert cool
logo here*

ABESPA is a regulatory board

... with legislative authority

They protect consumers

... rather than support the professionals

Our practice is a privilege

... that can be taken away!

The intent of licensure law

- 1) To prohibit unauthorized and unqualified practice
- 2) To prohibit unprofessional conduct
- 3) To encourage better educational training programs
- 4) To require educational training
(Think "CE.")
and licensure of any person who works in our fields
(There are exemptions.)

Exemptions include ...

- 1) Doctor's office (diagnostics)
- 2) Licensed hearing aid fitter and seller (dealer)
- 3) Schools/Government
- 4) Students and CFs
- 5) **Out-of-state** SLPs and audiologists
(See more in the Administrative Code,
<http://abespa.alabama.gov/rules.htm>)

CONTINUING EDUCATION

Why Continuing Education?

- 1) Grad school doesn't teach us everything
- 2) Our professions' knowledge base is increasing
- 3) New technologies and techniques are coming

When to get it

- 1) AAA: The **ABA** (American Board of Audiology) requires **60 hours/3 years.** (They set the window.)
- 2) ASHA: **30 hours/3 years.** (They set the window.)
- 3) ABESPA: **12 hours/calendar year**

Bottom line for SLPs:
 Meet ABESPA's requirements and you will surpass ASHA's requirements.

ABESPA Content Areas

Content Area I (more directly related to **diagnosing** and **treating** patients; includes ethics training) – **minimum of 10 hours**

Content Area II – **maximum of 2 hours**

Search in the Administrative Code,
<http://abespa.alabama.gov/rules.htm>, for "Content Area I".

Where to get it

- 1) Live meetings, workshops, and conferences.
- 2) Online
- 3) Independent study

How to track it

- 1) Keep your attendance **certificates** or **handouts**.
- 2) *Optional: AAA and ASHA CE Registries.*
 - a) AAA's Registry (2018) is free for members, **\$60/yr** for non-members.
 - b) ASHA's fee (2018) is **\$28/yr** for members and is **required** for the **ACE**.

Pay by phone, 1-800-498-2071, or at <https://www.asha.org/ce/ceus/>.

How and when to report it

- 1) **AAA:** See the ABA's site at <http://www.boardofaudiology.org/board-certified-in-audiology/recertify.shtml>
- 2) **ABESPA:**
Between **10/1 and 12/31**, online or via mail.
In case of audit, submit before the Dec. Board mtg!

How and when to report it

3) **ASHA:** Submit any time during your 3-year window.

For self-tracking, here's the Compliance Form:

<http://www.asha.org/uploadedFiles/Certification-Maintenance-Compliance-Form.pdf>

Only in case of **audit** would **proof of attendance and course details** be required.

Where does SHAA fit in?

1) Services promoting CSD and our members
(Think "Give back"; think "Network")

2) An ASHA CE provider
(Think "Convention")

FAQs

1) **Am I required to have some ethics training as part of my CE credit?**

No...

*but if you do, it counts as **Content Area I.***

FAQs

2) I attended an event which was not offered for ASHA CEUs. Will my time still count for maintaining my ASHA Cs?

Yes...

assuming the content is appropriate for professional development.

More info?

See <https://www.alabamashaa.org> > CE/License


