



Arkansas Department of Health

Arkansas Board of Examiners in Speech-Language Pathology and Audiology
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Request for Name Change

Current Name

License Number

Current Address

City

State Choose an item.

Email

Phone

Previous Name

Signature

Date [Click here to enter a date.](#)

Please include with the form the required supporting documents. Accepted documents are a current driver's license or the legal document showing the name change. Marriage license's are **not** accepted. If you have further questions please contact our office at abespa@arkansas.gov.