



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

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Request for Name Change

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Current Name _____

License Number _____

Current Address _____

City _____ State _____ Zip _____

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 showing name change, or the legal document showing name change. If you have further questions please contact our office at abespa@arkansas.gov.