

APPLICATION FOR 2ND CONDITIONAL LICENSURE IN SPEECH-LANGUAGE PATHOLOGY

OHIO BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
77 S. High Street, Suite 1659 - Columbus, Ohio 43215-6108
Phone: (614) 466-3145 Fax: (614) 995-2286

Web Site: www.slpaud.ohio.gov

Email Address: board@slpaud.ohio.gov

Your Social Security Number is required to facilitate reporting to the Federal Health Integrity & Protection Data Bank (42 U.S.C. Section 1320a-7e9b0, 5 U.S.C. Section 552a and 45 C.F.R. pt. 61) and for accurate identification under the Federal and State Child Support Enforcement law (42 U.S.C. Section 666 and O.R.C. Section 3123.50.) It may also be used for reporting to the National Practitioner Data Bank U.S.C. Section 11101 and 45 C.F.R. pt. 60) and for other investigative/ enforcement purposes in compliance with O.R.C. Chapter 4730, 4731, 4760 or 4762, or as otherwise required by state or federal law. In compliance with O.R.C. 1347, notice is hereby given that in making application for licensure the applicant is also requesting that Confidential Personal Information be accessed.

TAPE
un-retouched headshot
PHOTO
taken within the
last six-months;
OR
send photo via email to
board@slpaud.ohio.gov

Chapter 4753, Ohio Revised Code and Chapter 4753, Ohio Administrative Code governs licensure and regulation of Speech-Language Pathology and Audiology in the State of Ohio

Please Print Legibly in Ink or Type
ALL QUESTIONS MUST BE ANSWERED OR THE BOX CHECKED - (IF NOT APPLICABLE WRITE N/A)

1. Full Name: _____
Last First Middle (Maiden)

CONDITIONAL LICENSE NO. _____

2. Social Security Number: - -

3. Date of Birth (Month/Day/Year): - - Gender: M F

Do Not Leave Blank: Provide current residential mail address as indicated.

4. Residence: _____
Number Street City State Zip Code

County (If in Ohio): _____ Email Address: _____

5. Telephone Nos: Residence: (_____) _____ Mobile: (_____) _____

6. Have you practiced in Speech Pathology other than in an educational clinical experience?
[] yes [] no If yes, describe nature of duties performed: _____

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The following documents are required:

- Fee: \$10, payable to the "Treasurer, State of Ohio"
- Completed Application for 2nd Conditional Licensure
- Statement explaining rationale for 2nd conditional - licensure extension.

The following forms may be downloaded from the Board's website at: <http://slpaud.ohio.gov/application2.stm#cond>

Supervised Professional Experience Plan

A Supervised Professional Experience Plan must be submitted within 30 calendar days of your start date of employment.

Supervised Professional Experience Amended Plan

A Supervised Professional Experience Plan must be submitted within 30 calendar days of a change in your employment, or supervisor, or end date of your professional experience.

Supervised Professional Experience Report and Contacts Log

A Supervised Professional Experience Report and Contacts Logs must be submitted within 30 calendar days upon completion of the professional experience year, or when there is a change in the professional experience year plan.

7. Do you hold or have you ever held a license to practice any business activity or profession other than speech-language pathology?

yes no If yes, provide:

Name of State	Area of Licensure	License No.
Date of License		Expiration Date

8. Have you ever had a license to practice any business activity or profession denied, suspended, or revoked?

yes no If yes, provide detailed information. (Use additional pages if needed)

9. Have you ever been found guilty of unethical practices in the conduct of any business profession?

yes no If yes, provide detailed information. (Use additional pages if needed)

10. Have you ever been arrested, charged and/or convicted, pled guilty or no contest, or been granted intervention in lieu of conviction for any **misdemeanor or other criminal offense** in the State of Ohio or in any other state, commonwealth, territory, province, or country, (other than minor traffic violations)?

yes no If yes, you are required to forward a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, and if applicable, a statement from the probation or parole officer.

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11. Have you ever been arrested, charged and/or convicted, pled guilty or no contest, or been granted intervention in lieu of conviction for any **felony or other criminal offense** in the State of Ohio or in any other state, commonwealth, territory, province or country, or United States federal court?

yes no If yes, you are required to forward a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, and if applicable, a statement from the probation or parole officer.

12. Have you ever had a misdemeanor or felony conviction expunged that is substantially related to the practice of speech-language pathology or audiology?

yes no If yes, you are required to submit a statement explaining the nature of the expunged conviction.

13. Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol?

yes no If yes, give details of the circumstance. (Use additional pages if necessary)

14. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?

yes no If yes, give details of the circumstance. (Use additional pages if necessary)

<u>List all academic degrees held:</u>	Major	Degree	Date
College/University	(As stated on transcript)		Granted

Military Service:

If you are a current or former member (or spouse) of the armed forces of the United States, the national guard or a reserve component, you are eligible for expedited processing of your licensure application, and may be entitled to other benefits. Please visit the board's website at: www.slpaud.ohio.gov for additional information about benefits and resources.

16. yes no I am a member or former member of the armed forces of the United States, the national guard or a reserve component.

17. yes no I am the spouse of a member or former member of the armed forces of the United States, the national guard or a reserve component.

You may be required to submit documentation of military status if requested by the Board, such as an ID card (DD form, or Certificate of Release or Discharge from Active Duty (DD Form 214).

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18. I will not begin practice until my license has been issued by the Board.
19. I do not yet have a position to report to the Board and I will submit a completed Supervised Professional Experience Plan within 30 day of beginning employment. (Forms are available at www.slpaud.ohio.gov (If you check this box, mark questions questions 20 – 24 as N/A)
20. I have a position and I will be working for _____ (Company Name)
_____ (Address)
21. I will be supervised by _____ (Supervisors name **AND** license no.)
22. My work experience will begin (MM/DD/YY) _____
23. I will be working: [] full time (30 or more hours / week) **OR** [] part time (15 to 29 hours / week)
24. My work experience will end (MM/DD/YY) _____

In order for work experience to apply towards your supervised professional experience year, you must work a total of 15 hours per week. If you work less than 15 hours per week, the position will not count toward completion of your professional experience.

I HAVE READ THE GENERAL INFORMATION AND INSTRUCTIONS AND HAVE ANSWERED ALL QUESTIONS IN COMPLIANCE WITH THE INSTRUCTIONS. I CONFIRM THAT I HAVE ACCESS TO THE LAWS AND RULES GOVERNING THE PRACTICE FOR WHICH I AM APPLYING FOR, AND I UNDERSTAND THAT APPLICATION FEES ARE NON-REFUNDABLE / NON-TRANSFERABLE.

UNDER PENALTIES PROVIDED BY LAW FOR FRAUD, DECEPTION OR MISREPRESENTATION IN OBTAINING OR ATTEMPTING TO OBTAIN A LICENSE, I HEREBY CERTIFY THAT I AM THE PERSON REFERRED TO IN THE APPLICATION, THAT I HAVE EXAMINED THE STATEMENTS AND INFORMATION PROVIDED THEREIN AND ALL THE ACCOMPANYING DOCUMENTS AND THAT ALL THE STATEMENTS AND INFORMATION IS STRICTLY TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

I FURTHER UNDERSTAND THAT MY APPLICATION FOR A LICENSE IS AN ONGOING PROCESS AND I WILL NOTIFY THE OHIO BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY, WITHIN THIRTY (30) DAYS, IN WRITING, OF ANY CHANGES TO THE FOREGOING INFORMATION OR ACCOMPANYING DOCUMENTS.

I ALSO UNDERSTAND THAT THE ISSUANCE OF A LICENSE IN OHIO WILL BE CONSIDERED BASED ON THE TRUTH OF THE INFORMATION PROVIDED AND ACCOMPANYING DOCUMENTATION.

SIGNATURE OF APPLICANT

DATE