



Ohio Board of Speech-Language Pathology and Audiology

www.slpaud.ohio.gov

77 South High Street, Suite 1659 • Columbus, Ohio 43215-6108

Telephone: (614) 466-3145

E-mail: board@slpaud.ohio.gov

AIDE LATE RENEWAL APPLICATION **Practice Period: 2015-2016**

Dear Licensed Aide:

Pursuant to the Ohio Revised Code section 4753.09, and the Ohio Administrative Code rules 4753-3-10 and 4753-5-01, your license to practice as a speech-language pathology aide or audiology aide in the State of Ohio expired on December 31, 2014. An aide license may be renewed through December 31, 2015, by paying the regular renewal fee of \$50.00, plus a late fee of \$150.00.

Please read all instructions carefully and fill in all required fields on the attached renewal application to prevent any delays in the processing of your renewal application and to prevent your license from expiring.

Individuals holding an aide license must renew their license by mail. Please contact the Board if you have received this in error.

1. Complete the late renewal application for aide licensure in its entirety. You are required to provide all of the following:
 - Your current home and business addresses;
 - Your current home and business phone numbers; and
 - Answers to all questions.
2. Remit a check, money order, or cashier's check in the EXACT amount indicated on page 1 of the application, made payable to "Treasurer, State of Ohio". All renewal fees are non-refundable.
3. **YOU MUST SIGN, DATE AND SUBMIT THE ORIGINAL LATE RENEWAL APPLICATION.**
4. Complete and return the attached Employment Verification Form with your late renewal application.

NAME OR EMPLOYMENT CHANGE

Rule 4753-3-03 of the Administrative Code requires all licensees to notify the board in writing of any change of name, place of business or employment, or mailing address within thirty days of said change.

CONTACT US

You may contact the Board Monday through Friday from 8:00 a.m. to 5:00 p.m. at (614) 466-3145 or board@slpaud.ohio.gov, or by visiting the Board's website at <http://slpaud.ohio.gov>.

CREDENTIAL MAILING ADDRESS

This is the address you wish the Board to correspond with you. This includes renewal and licensure information. Listing an e-mail address will facilitate distribution of our eNewsletter.

BUSINESS ADDRESS

This address is your primary practice address and must be completed if you are practicing with an employer.

Board Members

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Darlene D. Young, Executive Office Administrator
Brandy R. Thomas, Administrative Professional
Connie J. Stansberry, Investigator

You may keep this portion for your records.

***** Complete both sides and return this page to the Board *****

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No Change – Late Renewal Application For Aide Licensure to Practice during 2015-2016

IMPORTANT – This renewal form should only be completed if there are no changes to your aide application and approved aide plan on file with the Board. All changes should be reported on the Board’s prescribed aide application form, which can be downloaded from the Board’s website at <http://slpaud.ohio.gov>; click on the “Forms and Applications” link. If you are unable to download an aide application and need one mailed to you, please contact the Board at the address or phone number noted above.

License Number:

Amount Due: **\$200.00 (Renewal Fee: \$50.00 and Late Fee: \$150.00)**

The following information must be completed in its entirety or your application will be considered incomplete.

Please Print Clearly

Contact & Credential Mailing Information

Name: _____

Credential Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: __ (____) _____

Email Address: _____

Employment Information

Name of Employer: _____

Primary Work Address: _____

City: _____ State: _____ Zip Code: _____

County: (If employment is in Ohio _____ Work Telephone: _____

Work Email Address: _____

There are no changes to report from the aide application or approved Aide Plan currently on file with the Ohio Board.

Please check your primary work setting

- | | |
|--|--|
| <input type="checkbox"/> College or University – Academic/Faculty/Research | <input type="checkbox"/> Medical Office / ENT Office |
| <input type="checkbox"/> Community Center (i.e. Speech & Hearing Centers) | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Federal Governmental Agency | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Government Agency (city, county or state) | <input type="checkbox"/> Research Center |
| <input type="checkbox"/> Health System/Hospital-Based/Outpatient Facility/Clinic | <input type="checkbox"/> School (Preschool/Primary/Secondary) |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Skilled Nursing Facility/Long-Term Care/Assisted Living |
| <input type="checkbox"/> Industry (hearing aid mfrs., industrial testing, publisher) | <input type="checkbox"/> Other (please specify: _____) |

Renewal application continues on back of page.

Please circle your answer to the following questions.

Since your last renewal or license reinstatement:

- | | | |
|--|-----|----|
| 1. 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 |
| 2. 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 |
| 3. 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 |
| 4. Have you been adjudged by a court to be mentally incompetent? | Yes | No |
| 5. Do you currently have any open complaints/disciplinary actions pending or were you disciplined in your work setting? | Yes | No |
| 6. I am active duty military, a military veteran, or the spouse of an active duty military personnel or military veteran. | Yes | No |

If you answered yes to any of questions 1-6, you are required to provide details on a separate sheet of paper including the location(s) where the action(s) occurred. You must also include copies of any court and/or licensing board orders.

I, the undersigned, hereby certify that the information is true. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Ohio Revised Code section 4753.10.

Signature of Applicant

Date

Name of Supervisor – Please print

License Number

Signature of Supervisor

Date

Note: All supervisors of record must sign this renewal application. Use additional sheets if necessary.

Name of Supervisor – Please print

License Number

Signature of Supervisor

Date

Name of Supervisor – Please print

License Number

Signature of Supervisor

Date



EMPLOYMENT VERIFICATION FORM

Please complete the Employment Verification Form verifying your employment from January 1, 2015 through the present. If you were employed by more than one employer during this time period, verification may be included on additional pages. This form along with any additional pages must be signed and dated on page two and returned to the Board office, even if you did not work during the specified time. This form may be submitted via mail, fax or e-mail denoted in the letterhead.

YOUR NAME (First, M.I., Last): _____ **License #:** _____

A. Are you currently employed? Yes No

CURRENT EMPLOYER

Employer's Name: _____	
Address: _____ Street _____ City _____ State _____ Zip Code _____	Supervisor's Name and Title: _____
	Supervisor's Telephone: () _____
	Do you supervise as an SLP or AUD? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title: _____	
Start Date: _____	
JOB DUTIES: _____ _____ _____	

B. Were you practicing in Ohio under an expired license, January 1, 2015 through the date you renewed late in 2015?

Yes No (If yes, fill out section below. Write "same" if same as section A. If supervisor is not an SLP or Aud., still list their name):

EMPLOYER 1

EMPLOYER 2

Employer's Name: _____	Employer's Name: _____
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Address: Street _____ City _____ State _____ Zip Code _____	Address: Street _____ City _____ State _____ Zip Code _____
Job Title: _____ START/END DATE: _____ JOB DUTIES: _____ _____ _____ _____ Supervisor's Name: _____ Supervisor's Telephone: () _____	Job Title: _____ START/END DATE: _____ JOB DUTIES: _____ _____ _____ _____ Supervisor's Name: _____ Supervisor's Telephone: () _____

C.

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I attest that I **was practicing** **was not practicing in Ohio while my license was expired and that this information is true and accurate.** Pursuant to Ohio Revised Code 4753.02 no person shall practice, offer to practice, or aid and abet the practice of the profession of speech-language pathology or audiology, or use in connection with the person's name, or otherwise assume, use, or advertise any title or description tending to convey the impression that the person is a speech-language pathologist or audiologist unless the person is licensed or permitted under this chapter.

I have read and answered all questions on this form truthfully. Under penalties provided by law for fraud, deception or misrepresentation in obtaining, or attempting to obtain licensure or to retain licensure, I hereby certify that I am the person referred to on this form, that I have examined the statements and information provided therein and that all the statements and information is true, correct and complete in every respect.

Licensee Name (Printed)	Title	Signature
Primary Telephone Number	E-mail	Date

Please attach this completed form with your late renewal application to:

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