



**RE-APPLICATION FOR LICENSE – Expired One (1) Year or More**

**7. Full Requirements:**

**Fee and Form to be Submitted by the Applicant:**

- \$200, payable to the "Treasurer, State of Ohio"
- Application for Licensure.
- Attach all documentation for completion of continuing education hours required, forty (40) hours within the two years prior to the application date or as approved by the board.

8.     yes    no    Have you previously filed an application with this Board?
9.     yes    no    Do you hold or have you ever held a license with this Board? If yes, License No.: \_\_\_\_\_
10.    yes    no    Do you hold or have you ever held a license to practice any business activity or profession other than speech-language pathology or audiology?

If yes, provide: \_\_\_\_\_

Name of State	Area of License	License #
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Date of License		Expiration Date
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12.    yes    no    Have you ever had a license to practice any business activity or profession denied, suspended, or revoked? (Use additional pages if needed.)

If yes, provide detailed information: \_\_\_\_\_

13.    yes    no    Do you hold or have you ever held a license as a speech-language pathologist or as an audiologist in any state(s) other than Ohio? (Use additional pages if needed.)

If yes, provide: \_\_\_\_\_

Name of State	Area of License	License #
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Date of License		Expiration Date
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14.    yes    no    Have you ever been found guilty of unethical practices in the conduct of any business or profession?

If yes, give details of offense, including dates of action and results. (Use additional pages if needed.)

\_\_\_\_\_

- 15 A.    yes    no    Have you ever been convicted of a misdemeanor?

- 15 B.    yes    no    Have you ever been convicted of a felony?

If yes to A or B, give details of offense, including dates of action and results. (Use additional pages if needed.)

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16. List all academic degrees held:

College/University	Major (As stated on transcript)	Degree	Date Granted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. List all previous professional employment experience. (Use additional pages if needed.)

Immediate Supervisor: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Number of hours per week \_\_\_\_\_

A.  yes  no Did you practice as a speech-language pathologist as defined in ORC 4753?  
 yes  no Did you practice as an audiologist as defined in ORC 4753?  
 Describe nature of duties performed: \_\_\_\_\_

B.  yes  no Did you do any additional work as a speech-language pathologist or audiologist outside the employment setting previously stated?  
 If yes, how many hours per week? \_\_\_\_\_. Also give name of employer, address, time period, and nature of duties performed. (Use additional pages if needed.)

I HAVE READ THE GENERAL INFORMATION AND INSTRUCTIONS AND HAVE ANSWERED ALL QUESTIONS IN COMPLIANCE WITH THE INSTRUCTIONS AND UNDERSTAND THAT THE FEES ARE NON-REFUNDABLE NOR 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** \_\_\_\_\_