

APPLICATION FOR INACTIVE LICENSE STATUS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

**OHIO BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
77 South High Street, Suite 1659, Columbus, Ohio 43215-6108
Phone: (614) 466-3145**

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.

Ohio Revised Code Chapter 4753 and Ohio Administrative Code 4753 govern 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

2. Social Security Number: - -

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

4. License Number: _____

5. I am active duty military, a military veteran, or the spouse of an active duty personnel or military veteran.
Yes _____ No _____

6. Residence:

Number Street City State Zip Code

County: (If residence is in Ohio) _____

7. Telephone Number: Residence: (____) _____ - _____ Cell: (____) _____ - _____

8. Email Address: _____

9. Business Name and Work Address:

Business Name:

Number Street City State Zip Code

County: (If located in Ohio) _____

Business E-mail Address: _____

Business Telephone: (_____) _____ - _____

10. Since your last renewal or license reinstatement, have you been:
- A. 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)? 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.
____ Yes ____ No
 - B. 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? 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.
____ Yes ____ No
 - C. Have you ever had a misdemeanor or felony conviction expunged that is substantially related to the practice of speech-language pathology or audiology? If yes, you are required to submit a statement explaining the nature of the expunged conviction. ____ Yes ____ No
 - D. Adjudged by a court to be mentally incompetent? ____ Yes ____ No
 - E. Denied a license to practice speech-language pathology and audiology or another healthcare profession by any state (including Ohio) or U.S. territory? ____ Yes ____ No
 - F. Disciplined in any state (including Ohio) or U.S. territory in which you currently hold or have ever held a license to practice speech-language pathology and audiology or another healthcare profession?
____ Yes ____ No
 - G. Do you currently have any open complaints/disciplinary actions pending or were you disciplined in your work setting? ____ Yes ____ No

If you answered yes to any of questions 10A – 10G, 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.

The following documents are required:

- Completed Application for Inactive License status, along with fee of \$25.00 – if application received and/or postmarked by 12/31/14; **\$175.00 if application received and/or post marked after 12/31/14.**
- Check or Money Order payable to the “Treasurer, State of Ohio”.
- **NOTE: Applications for inactive status can only be submitted during the license renewal period, which will end on January 31, 2015. If you do not submit this application before January 31, 2015, you must apply for late renewal of your license.**

Important Conditions of Inactive Status:

- Inactive Status is only available to fully licensed speech-language pathologists or audiologists.
- The person’s license must be in good standing, and the person cannot be the subject of an investigation or disciplinary action by the board.
- A license holder in inactive status must pay a fee of **\$25.00** during **each biennial renewal** to maintain their license in inactive status.
- During the period that a license is classified as inactive, the person may not engage in the practice of speech-language pathology or audiology in this state or make any representation to the public indicating that the person is actively licensed under Ohio Revised Code Chapter 4753.
- Violation of the inactive status is subject to disciplinary action by the board.
- An Inactive license holder must submit an application for restoration of license when he/she is ready to return to active status. The restoration application may be downloaded from the board’s website at <http://www.slpaud.ohio.gov>.

STATEMENT OF ACKNOWLEDGEMENT

I hereby request that my license to practice as a speech-language pathologist or audiologist be placed in inactive status. I will adhere to all regulations governing the status of inactive licensure and the regulations governing the reactivation to active status, including continuing education requirements. I further acknowledge that I will not engage in the active practice of speech-language pathology or audiology, as defined by divisions (C) and (G) respectively of section 4753.01 of the Revised Code, while my license is inactive.

Print Name

Signature of Applicant

Date