

APPLICATION FOR LICENSE – 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)

2. Social Security Number: --

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

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

4. **Residence:** _____
Number Street City State Zip Code

County (if in Ohio) _____ Email Address: _____

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

5. **Current Employment Information:** (OR) Check here, if you are currently unemployed []

Name of Employer: _____

Address: _____
Number Street City State Zip Code

County (If in Ohio) _____

Telephone No: _____ Email Address: _____

6. [] yes [] no Are you practicing as a speech-language pathologist as defined in ORC 4753?
[] yes [] no Are you practicing as an audiologist as defined in ORC 4753?

Describe nature of duties performed: _____

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Forms and Fee Required:

1. Fee \$200, payable to "Treasurer - State of Ohio"
2. Application for Licensure – Speech-Language Pathology with photo
3. Transcript from university verifying degree and date of conference.
4. Praxis Score Report from ETS.
5. Verification of completion of Clinical Fellowship Year.

Verifications must be sent directly to the Ohio Board from the authorizing body (university or certification body)
If academic program not accredited by an organization recognized by the United States Department of Education and Council for High Education Accreditation, undergraduate transcript is also required. If final transcript not available, refer to 4753-3-04 Rules for alternative verification by the university.

Sealed envelope with transcript issued to student cannot be accepted for licensure.
Final transcript for applicants licensed based upon written verification from university are due with 90-days of approval.

7. yes no Have you previously filed an application with this Board?
8. yes no Do you hold or have you ever held a license with this Board? _____ (License No.)
9. 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

10. 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)

11. 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)

12. 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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13. 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.

14. 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.

15. 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)

16. 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)

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

18. List all previous professional employment experience. (Use additional pages if necessary)

Name of Employer: _____

Address: _____
 Number Street City State Zip Code

From: _____ To: _____ Hours per week _____ Supervisor Name: _____

(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: _____

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(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 paper if needed.

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.

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

20. 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).

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