



# Ohio Board of Speech-Language Pathology and Audiology

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

Telephone: 614-466-3145 Fax: 614-995-2286 E-mail: [board@slpaud.ohio.gov](mailto:board@slpaud.ohio.gov)

[www.slpaud.ohio.gov](http://www.slpaud.ohio.gov)

## Business Filing for Calendar Year 2009

Submit by March 1, 2010

*If you need additional space, please copy this form or add additional pages as necessary.*

### Section I

List all names under which your entity provides Speech-Language Pathology or Audiology services.

Business Name	Address	Telephone Number

### Section II

List the individuals who were **employed** with your entity that provided:

1. direct speech-language pathology or audiology services
2. hearing screenings
3. audiometric testing during calendar year **2009**

Ohio Board of Speech-Language Pathology & Audiology licenses will begin with **SP** for speech-language pathologist or **A** for audiologist followed by 4-5 numeric digits. AIDES will begin with **AIDE**. then 4 (four) numeric **digits** followed with **SP** or **A**.

Employee	Ohio Board License No.	Home Address

### Section III

List all individual licensee names and the company they worked for who **contracted** with your entity to provide direct speech-language pathology or audiology services during calendar year **2009**.

Contractor (Individuals)	Address/Company licensee worked for

By employing and/or contracting with individuals in the direct practice of speech-language pathology or audiology, we submit ourselves to the rules of the Board and the provisions of Chapter 4753. of the Ohio Revised and Administrative Code.

Pursuant to OAC section 4753-1-03(B), the business filing shall be submitted on the form approved by the board for this purpose and shall be verified by the notarized signature and title of the individual filing the statement on behalf of the entity.

Form completed by:

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Name (Printed)	Title	Signature
Telephone Number	E-mail	

State of Ohio  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ (month and year), I certify that the preceding or attached document is a true, exact, complete, and unaltered original document of \_\_\_\_\_ (Business Name)), presented to me by the document's custodian \_\_\_\_\_ (name and title of custodian).

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Notary Seal (Signature of Notary) (Name of Notary Typed, Stamped or Printed)  
Notary Public, State of \_\_\_\_\_ My commission expires \_\_\_\_\_

This form may be accessed on our web site at [www.slpaud.ohio.gov](http://www.slpaud.ohio.gov). This notarized page must be submitted via regular U.S. Mail to the address below. Only the list of names can be faxed or e-mailed:

**Ohio Board of Speech-Language Pathology and Audiology**  
**77 South High Street, 16<sup>th</sup> Floor**  
**Columbus, Ohio, 43215**

**If you have any questions, please call Connie Stansberry at (614) 728-2438.**

- Self-Employed Ohio licensees and/or non Ohio businesses that employ an Ohio licensee do not need to complete a Business Filing. Therefore if you received this in error, please disregard it.
- If this form is mailed to the individual licensee at their place of employment, the Human Resource Department should complete the form.