



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

LATE INACTIVE APPLICATION

Practice Period: 2015-2016

Dear Licensee:

Pursuant to the Ohio Revised Code section 4753.091, and the Ohio Administrative Code rules 4753-3-11 and 4753-5-01, your license to practice speech-language pathology or audiology expired at midnight on December 31, 2014. Individuals applying for Inactive status may do so until January 31, 2015, by paying the regular inactive application fee of \$25.00, plus a late fee of \$150.00. Late Inactive Applications will not be accepted after January 31, 2015.

1. Complete the application for inactive status in its entirety and mail the original.
2. Remit a check, money order, or cashier's check, made payable to "Treasurer, State of Ohio". The \$25.00 inactive application fee is non-refundable.
3. **YOU MUST SIGN AND DATE THE APPLICATION FOR INACTIVE STATUS.**
4. Complete and return the attached Employment Verification Form with your late Inactive Application.

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>. Please be sure to include your name, license number, and phone number on all correspondence sent to the Board.

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You may keep this portion for your records.

**LATE 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

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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 \$175.00 – (Application fee of \$25.00 and Late Fee of \$150.00)
- Please submit with a check or money order made payable to the "Treasurer, State of Ohio".
- **NOTE: A Late Application for Inactive Status will only be accepted until January 31, 2015.**

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



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: () _____
Job Title: _____ Start Date: _____	Do you supervise as an SLP or AUD? <input type="checkbox"/> Yes <input type="checkbox"/> No
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.

Ohio Board of Speech-Language Pathology and Audiology
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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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