



Ohio Board of Speech-Language Pathology & Audiology

77 South High Street, Suite 1659 • Columbus, Ohio • 43215-6108

Telephone (614) 466-3145 • Fax (614) 995-2286

No Change – Late Renewal Application For Aide Licensure to Practice during 2011-2012

Instructions: Complete this form only if you are applying to renew an aide license that has been expired for less than one year from the date of your expiration. You may use this form until December 31, 2011.

IMPORTANT – This renewal form should only be completed if there are no changes to your aide application and approved aide plan on file with the Board. All changes should be reported on the Board’s prescribed aide application form, which can be downloaded from the Board’s website at <http://slpaud.ohio.gov>; click on the “Forms and Applications” link. If you are unable to download an aide application and need one mailed to you, please contact the Board at the address or phone number noted above.

License Number: _____

Amount Due: **\$200.00** (\$50.00 renewal fee plus a late fee of \$150.00)

The following information must be fully completed or your application will be considered incomplete. Incomplete applications will not be processed.

Please Print Clearly

Contact & Credential Mailing Information

Name: _____
First Name Middle Name Last Name

Credential Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: (____) _____

Email Address: _____

Employment Information

Name of Employer: _____

Primary Work Address: _____

City: _____ State: _____ Zip Code: _____

County: (If employment is in Ohio _____) Work Telephone: _____

There are no changes to report from the aide application or approved Aide Plan currently on file with the Ohio Board.

Please check your primary work setting

- | | |
|--|--|
| <input type="checkbox"/> College or University – Academic/Faculty/Research | <input type="checkbox"/> Medical Office / ENT Office |
| <input type="checkbox"/> Community Center (i.e. Speech & Hearing Centers) | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Federal Governmental Agency | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Government Agency (city, county or state) | <input type="checkbox"/> Research Center |
| <input type="checkbox"/> Health System/Hospital-Based/Outpatient Facility/Clinic | <input type="checkbox"/> School (Preschool/Primary/Secondary) |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Skilled Nursing Facility/Long-Term Care/Assisted Living |
| <input type="checkbox"/> Industry (hearing aid mfrs., industrial testing, publisher) | <input type="checkbox"/> Other |

Please circle your answer to the following questions.

Since your last renewal or license reinstatement, have you been:

- | | | |
|--|-----|----|
| 1. Convicted of, found guilty of, pled guilty to, or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude? | Yes | No |
| 2. Adjudged by a court to be mentally incompetent? | Yes | No |

If you answered yes to either question 1 or 2, 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.

I, the undersigned, hereby certify that the information is true. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Ohio Revised Code section 4753.10.

Signature of Applicant

Date

Name of Supervisor – Please print

License Number

Signature of Supervisor

Date