



Ohio Board of Speech-Language Pathology & Audiology

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

Late Renewal Application – to Practice during 2011-2012

Instructions: Complete this form only if you are applying to renew a speech-language pathology or audiology 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.

Which license are you renewing (check one): **Speech-Language Pathology:** _____ **Audiology:** _____

Your License Number: _____

Amount Due: **\$250.00** (\$100.00 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: _____

Credential Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: (_____) _____

Email Address: _____

Employment Information

You must check this box if you do not have employer information to report.

Name of Employer: _____

Primary Work Address: _____

City: _____ State: _____ Zip Code: _____

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

Renewal application continues on back of page.

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 indicate your current work status

- Employed full time – at least 30 hours per week** **Not employed**
 Employed part time – less than 30 hours per week **Retired**

Please circle your answer to the following questions.

1. Do you have experience supervising conditional licensees, CFYs, student permit holders, SLP/AUD Aides, and/or other SLPs/AUDs? Yes No
2. This is my first renewal; therefore, I am not required to attest to completing continuing education pursuant to Ohio Administrative Code (OAC) §4753-4-01(A)(5). Yes No
3. I have or will have completed 20 clock hours of continuing education, as required by §4753 OAC by December 31, 2010. Yes No

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

4. 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
5. Adjudged by a court to be mentally incompetent? Yes No
6. 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
7. 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

If you answered yes to any of questions 4-7, 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

Date