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

DUAL LICENSE RENEWAL NOTICE
Practice Period: 2015-2016
Renewal Deadline: 12/31/2014

Dear Dual Licensee:

Pursuant to the Ohio Revised Code section 4753.09, and the Ohio Administrative Code rules 4753-3-10 and 4753-5-01, your dual license to practice as a speech-language pathologist and audiologist in the State of Ohio will expire at midnight on December 31, 2014.

Please read all instructions carefully and fill in all required fields on the enclosed renewal application to prevent any delay in the processing of your renewal application and to prevent your licenses from expiring.

Individuals dually licensed wishing to take advantage of the reduced renewal fee of $170.00 must renew by mail. Please contact the Board if you have received this in error.

1. Complete the renewal application for dual licensure in its entirety.

2. Remit a check, money order, or cashier's check in the EXACT amount indicated on page 1 of the application, made payable to "Treasurer, State of Ohio". All renewal fees are non-refundable.

3. All continuing education (CE) requirements must be completed by December 31, 2014. Pursuant to rule 4753-4-01 of the Administrative Code, dually licensed individuals must complete twenty CE hours for each license.
   - Forty (40) contact hours of CE must be completed between January 1, 2013 and December 31, 2014 to renew both speech-language pathology and audiology licenses, which were valid from January 1, 2013 and December 31, 2014.
   - Ten continuing education hours shall be specific to the clinical practice in the area of each license, e.g., ten hours shall be specific to the clinical practice of audiology and ten hours shall be specific to the clinical practice of speech-language pathology. Twenty hours may be acquired in areas related to speech-language pathology, audiology, or both.
   - A licensee is not required to obtain continuing education for the first renewal.
   - **Do not send CE documentation to the Board at this time. You are required to save documentation of completed CE for at least four years after the date of your license renewal. Documentation will be required in the event you are audited.**

4. **YOU MUST SIGN AND DATE THE RENEWAL APPLICATION.**

5. Processing takes approximately four (4) weeks.

NAME OR EMPLOYMENT CHANGE

Rule 4753-3-03 of the Administrative Code requires all licensees to notify the board in writing of any change of name, place of business or employment, or mailing address within thirty days of said change.

NEW INFORMATION FOR THIS RENEWAL PERIOD

- **CHANGES TO CONTINUING EDUCATION REQUIREMENT**

Beginning January 1, 2015 for the 2015-2016 practice biennium, two out of the twenty hours required for continuing education must be related to ethics. In January 2015, more information and resources about obtaining continuing education related to ethics will be available from the board's website at http://slpaud.ohio.gov/continued.stm

- **CE BROKER**

Licensees required to complete 20 hours of continuing education are reminded to sign-up for a free basic account with CE Broker to self-report hours and be exempt from a continuing education audit. To begin self-reporting your hours or to verify any hours that may have already been reported on your behalf if you subscribe to a CE Registry, such as ASHA, please visit https://www.cebroker.com/public/pb_healthcare_professionals.aspx?Type=COMP&state=7

- **INACTIVE LICENSE – APPLICATIONS ACCEPTED DURING RENEWAL PERIOD**

Pursuant to Rule 4753-3-11 of the Administrative Code, a person licensed as a speech-language pathologist or audiologist may apply for inactive status of his/her license during the license renewal period. **THE APPLICATION FOR INACTIVE STATUS MAY BE DOWNLOADED FROM THE BOARD'S WEBSITE (HTTP://SLPAUD.OHIO.GOV).**

- **IMPORTANT DATA BEING COLLECTED TO TRACK LICENSURE TRENDS**

Individuals renewing their licenses will be asked to identify their employment status, primary work setting, and other important information. This information will assist the Board to identify and respond to trends impacting the professions, as well as consumers who receive speech-language pathology and audiology services in Ohio.

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. During the license renewal period (September-December), the Board's office will be closed on the following dates in observance of state holidays: Labor Day, Monday, September 1; Columbus Day, Monday, October 13; Veteran's Day, Tuesday, November 11 (Observed); Thanksgiving, Thursday, November 27, and Christmas, Thursday, December 25, 2014.

CREDENTIAL MAILING ADDRESS

This is the address you wish the Board to correspond with you. This includes renewal and licensure information. Listing an e-mail address will facilitate distribution of our eNewsletter.

BUSINESS ADDRESS

This address is your primary practice address and must be completed if you are practicing with an employer.

Enclosure: Renewal Application

Board Members

Amy Thorpe Wiley, M.Ed., CCC-SLP, Chairperson
Karen K. Mitchell, Au.D., Vice Chairperson
Tammy H. Brown, M.A., CCC-A, ABA, FAAA
Lisa A. Froehlich, Ph.D., CCC-SLP
Linda L. Wellman, Ph.D., CCC-SLP
Helen L. Mayle, Public Member

Board Staff

Gregg B. Thornton, Esq., Executive Director
Darlene D. Young, Executive Office Administrator
Brandy R. Thomas, Administrative Professional
Connie J. Stansberry, Investigator

You may keep this portion for your records.

******* Complete both sides and return this page to the Board *******

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(614) 466-3145

Renewal Application For Dual Licensure – to Practice during 2015-2016

Please verify your credential numbers. Please cross out and correct information by printing in ink.

Speech-Language Pathology License Number:
Audiology License Number:

Amount Due: **$170.00 (Make Check or Money Order payable to "Treasurer, State of Ohio")**

The following information must be fully completed or your application will be considered incomplete. Incomplete applications will not be processed and your license will expire at midnight on December 31, 2014. Please update any incorrect information by drawing a line through the information and printing the updated information next to the data field.

Please Print Clearly

Contact & Credential Mailing Information

Name:

Credential Mailing Address:

City: State: Zip Code:

County: Telephone Number: (_____)_____

Email Address: _____

Employment Information

D 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: _____

Work Email Address: _____

[ ] I DO NOT WISH TO RENEW MY LICENSE.
(Please check if you do not wish to renew; sign, date and mail the original application to the Board.)

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**

Renewal application continues on next page.

Please check your primary work setting

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

How long have you been licensed to practice?

[ ] Less than 1 year
[ ] 1 to 5 years
[ ] 6 to 10 years
[ ] 11 to 15 years
[ ] 16 – 20 years
[ ] More than 21 years

When do you intend to retire from practice?

[ ] Less than 1 year
[ ] 1 to 5 years
[ ] 6 to 10 years
[ ] 11 to 15 years
[ ] 16 – 20 years
[ ] More than 21 years

Do you intend to let your license expire when you retire?

[ ] Yes
[ ] No

If you plan to maintain your "Active" license status after retirement from your employer, do you intend to continue practicing under your license?

[ ] Yes
[ ] No

Please check one that best describes you in your work setting:

[ ] The majority of my time is spent providing direct therapy/clinical services to patients/clients in my work setting.
[ ] The majority of my time is spent in a supervisory or non-therapy/clinical position in my work setting.

Do you have a certificate of clinical competence in speech-language pathology or audiology that is current and in good standing from the American Speech-Language Hearing Association?

[ ] Yes
[ ] No

Do you hold Board Certification in Audiology from the American Board of Audiology?

[ ] Yes
[ ] No

Please list the highest level of education you have in audiology?

[ ] Master's Degree in Audiology
[ ] Ph.D Degree in Audiology
[ ] Doctor of Audiology Degree, e.g., Au.D.
[ ] Other _____

Please list the highest level of education you have in speech-language pathology?

[ ] Master's Degree in speech-language pathology
[ ] Ph.D Degree in speech-language pathology
[ ] Other _____

Do you hold licensure to practice audiology or speech-language pathology in another state?
[ ] Yes - List State(s)_____ [ ] No

What year were you born? _____

What is your gender? Male _____ Female _____

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 40 clock hours of continuing education, as required by §4753 OAC by December 31, 2014. **Yes No**

4. I am active duty military, a military veteran, or the spouse of an active duty military personnel or military veteran. **Yes No**

Since your last renewal, or license reinstatement:

5. 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
6. 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
7. 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
8. Adjudged by a court to be mentally incompetent?	Yes	No
9. 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
10. 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
11. 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 5-11, 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**