



Ohio Board of Speech-Language Pathology and Audiology

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Telephone: 614-466-3145 Fax: 614-995-2286 E-mail: board@slpaud.ohio.gov

www.slpaud.ohio.gov

LATE RENEWAL Application – to Practice during 2009-2010

Your license for practice in the state of Ohio expired on December 31, 2008. If you did not renew your license by this date, you must submit this late renewal application form with **\$250.00** (\$100.00 renewal fee plus a late fee of \$150.00).

If you wish to renew **ON-LINE**, you **must** contact the Board office by phone at (614) 466-3145 or via e-mail board@slpaud.ohio.gov.

- **ONE RENEWAL CARD** will be issued. Additional renewal cards may be requested at no additional cost by email at board@slpaud.ohio.gov or by checking the appropriate box on page two.

If you wish to renew via **REGULAR U.S. MAIL**, complete page two and return to the Ohio Board of Speech-Language Pathology and Audiology, 77 South High St., 16th Floor, Columbus, OH 43215-6108.

- **Include a fee of \$250.00** (\$100.00 renewal fee plus a late fee of \$150.00) by check or money order, payable to the "Treasurer, State of Ohio". Credit Card charges cannot be accepted by mail or phone.
- The Late Renewal Application must be complete, including payment, in order to be processed.
- All payments are neither refundable nor transferable.
- **ONE RENEWAL CARD** will be issued. Additional renewal cards may be requested at no additional cost by email at board@slpaud.ohio.gov or by checking the appropriate box on page two.

- If you do not intend to renew your license, please check the appropriate box on page two and return to the Board by regular U.S. Mail, fax or by e-mail at board@slpaud.ohio.gov.

-Over-

Detach here

“Late” Mail-In Renewal Application - to Practice during 2009-2010

Ohio Board of Speech-Language Pathology and Audiology, 77 S. High St., 16th Floor, Columbus OH 43215-6108

Web Site www.slpaud.ohio.gov

E-mail Address board@slpaud.ohio.gov

Please complete the form below. Check mark ALL appropriate boxes.

Name:	License Number	Telephone:	
Address:	City:	State:	Zip Code:
E-mail Address:			
Name of Employer:		Telephone:	
Employer Address:	City:	State:	Zip Code:
<input type="checkbox"/> This is my first renewal. I was licensed 100 days or less from the December 31 st renewal deadline, and I am not required to attest to completing to continuing education.			
<input type="checkbox"/> I have completed the 20 clock hours of continuing education, as required by OAC 4753, by the date I complete this form.			
<input type="checkbox"/> I do NOT wish to renew my license. <i>(Please sign and date the form returning it to the address above).</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No I have been convicted of a felony since the last renewal. <input type="checkbox"/> I am required to have _____ additional Renewal Cards.			
<i>I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria.</i>			
Signature of Applicant:		Date:	License Number: