

**Ohio Board of Speech-Language Pathology and Audiology
Business Filing for Calendar Year 2004
Submit by March 1, 2005**

If you need additional space, please copy this form or add additional pages as necessary.

Section I

List all names under which your entity provides SLP or AUD services.

Business Name	Address	Telephone Number

Section II

List the individuals who were employed with your entity to provide direct speech-language pathology or audiology services during calendar year 2004. Ohio Speech Board Licenses will begin with SP for speech-language pathologist or A for audiologist followed by 4-5 numeric digits.

Employee	Ohio Speech Board License	Home Address

Business Filing for Calendar Year 2004

Section III

List all businesses and individuals who contracted with your entity to provide direct speech - language pathology or audiology services during calendar year 2004.

Contractor (Individuals, Corporation, or any other Business) **Address**

Contractor (Individuals, Corporation, or any other Business)	Address

By employing and or contracting with individuals in the direct practice of speech-language pathology or audiology, we submit ourselves to the rules of the Board and the provisions of Chapter 4753. of the Ohio Revised Code and Administrative Code.

Form completed by:

Name	Title
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Telephone Number	E-mail
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This form may be accessed on our web site at www.slpaud.ohio.gov
Please return by E-mail to Vickie.dicesare@slpaud.state.oh.us or by mail to the Ohio Board of Speech-Language Pathology and Audiology, 77 South High Street, 16th Floor, Columbus, Ohio, 43215. If you have any questions, please call Vickie DiCesare at (614) 728-2438.