



## Ohio Board of Speech-Language Pathology and Audiology

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

Telephone: 614-466-3145 Fax: 614-995-2286 E-mail: [board@slpaud.ohio.gov](mailto:board@slpaud.ohio.gov)

[www.slpaud.ohio.gov](http://www.slpaud.ohio.gov)

### LATE RENEWAL AIDE Application – to Practice during 2009-2010

With No Changes in Application on File with the Ohio Board

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 **\$200.00** (\$50.00 renewal fee plus a late fee of \$150.00).

- **ONE RENEWAL CARD** will be issued. Additional renewal cards may be requested at no additional cost by email at [board@slpaud.ohio.gov](mailto:board@slpaud.ohio.gov) or by checking the appropriate box on page two.
- **Individuals holding aide licenses with ANY changes to your current application with the Board MUST complete a standard Aide Application either from the web <http://slpaud.ohio.gov/pdfs/AidRENAPP.pdf> or contact the Board office to request one.**

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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., 16<sup>th</sup> Floor, Columbus, OH 43215-6108.

- **Include a fee of \$200.00** (\$50.00 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 AIDE 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](mailto: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](mailto:board@slpaud.ohio.gov).

-Over-

Detach here

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

Ohio Board of Speech-Language Pathology and Audiology, 77 S. High St., 16<sup>th</sup> Floor, Columbus OH 43215-6108  
Web Site [www.slpaud.ohio.gov](http://www.slpaud.ohio.gov) E-mail Address [board@slpaud.ohio.gov](mailto: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"/> There are no changes to report from the application currently on file with the Ohio Board.		
<input type="checkbox"/> I do <b>NOT</b> 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:
_____		
Signature of Supervisor:	Date:	License Number:
_____		