



Ohio Board of Speech-Language Pathology and Audiology

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www.slpaud.ohio.gov

STATEMENT OF TEMPORARY PRACTICE

Note: This statement of temporary practice should be submitted at least 4 weeks prior to the date you plan to begin work to allow sufficient time for the board to process this request. After review and verification of the information you provide in this statement, you will receive an acknowledgement letter from the board approving the start date and end date of your temporary practice under the exemption.

Section 4753.12(F), Ohio Revised Code, authorizes an individual who is not an Ohio resident to temporarily practice speech-language pathology or audiology in Ohio under certain conditions. The following criteria must be met in order for an individual to temporarily practice in Ohio:

1. The practitioner is not a resident of Ohio;
2. The practice is for not more than one period of thirty consecutive calendar days in one year;
3. The practitioner is licensed in his/her state of residence or holds ASHA certification;
4. The practitioner files a statement with the Board in advance of providing services in Ohio.

Please print legibly or type and complete all information.

1. Name and Address

Name: _____ SS# _____ State of Residence _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

2. Licensure/CCC Status

A. State of licensure: _____ License # _____ Expiration date: _____

B. Do you hold a Certificate of Clinical Competence issued by ASHA? _____

ASHA Certificate # _____ Expiration Date: _____

3. Practice in Ohio

A. Profession you intend to practice in Ohio: _____

B. Location at which you intend to provide professional services in Ohio: _____

C. Period of time during which you intend to provide professional services in Ohio: (specify start date and end date not to exceed thirty days)

D. Describe the practice setting in which you intend to provide professional services during temporary practice in Ohio: _____

I certify that the above information is true and accurate. I acknowledge that during my provision of professional services in Ohio that I am subject to Ohio laws and the rules of the Ohio Board of Speech-Language Pathology and Audiology (Chapter 4753 of the Ohio Administrative Code and Chapter 4753 of the Ohio Revised Code).

Signature of Practitioner

Date