# Ohio Board of Speech-Language Pathology and Audiology

77 South High Street, 16th Floor
Columbus, Ohio 43215
www.slpaud.ohio.gov **614-466-3145** 614-995-2286 fax board@slpaud.state.oh.us


## Late Renewal Application – to Practice during 2005-2006

● **LICENSE RENEWAL ON THE WEB**. To help the Board expedite your renewal you are encouraged to use this feature. Payment can be made by Visa, Discover, American Express and Master Card.

● To access your account you can visit our web site at www.slpaud.ohio.gov and select the "License Renewal" tab

● Enter your User ID● and your password (these may be obtained by emailing or calling the Ohio Board)
**All renewals process after December 31, 2004 will include a $150 late fee, to total $300 for "late renewal"**

●**ONLY ONE RENEWAL CARD** will be issued. Additional renewal cards must be requested.
●You will receive an auto-reply email with a transaction report if your renewal is complete.

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● **RENEWAL BY MAIL**, please complete the attached form below and return to the Ohio Board at the address on the form.

● **Be sure to include renewal fee of $150 and late fee of $150**, by check or money order, payable to the "Treasurer, State of Ohio". Credit Card charges cannot be accepted by mail or phone.

● Application must be complete, including payment, in order to be processed.

● All payments are neither refundable nor transferable.

● **Late renewals, postmarked after December 31, 2004, must include $150 added late fee totaling $300 for late renewal of licensure**.

● **ONLY ONE RENEWAL CARD** will be issued. Additional renewal cards must be requested.

● If you do not intend to renew your license please check the box and return to the Board by mail.

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### "Late" Mail-In Renewal Application - to Practice during 2005-2006

Ohio Board of Speech-Language Pathology and Audiology, 77 S. High St., 16th Floor, Columbus Oh. 43215
Web Site www.slpaud.ohio.gov Email Address board@slpaud.state.oh.us

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|---|---|---|---|
| Name: | Social Security No: | Telephone: | |
| Address: | City: | State: | Zip Code: |
| Email Address: | | | |
| Name of Employer: | | Telephone: | |
| Employer Address: | City: | State: | Zip Code: |

☐This is my first renewal. I was licensed on or after September 24, 2002 and I am not required to attest to completing continuing education. (**OR)**

☐ I have completed the 20 clock hours of continuing education, as required by Chapter 4753 of the OAC, to renew my license. **(OR)**

☐ I do **NOT** wish to renew my license.

☐ I have been **issued duplicate certificates** and I am required to have _____ additional Renewal Cards.

*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 applying.*

Signature of Applicant: Date: License Number: