



Ohio Board of Speech-Language Pathology and Audiology

www.slpaud.ohio.gov

77 South High Street, Suite 1659 • Columbus, Ohio 43215-6108

Telephone: (614) 466-3145

E-mail: board@slpaud.ohio.gov

AIDE RENEWAL NOTICE

Practice Period: 2013-2014

Renewal Deadline: 12/31/2012

Dear Licensed Aide:

Pursuant to the Ohio Revised Code section 4753.09, and the Ohio Administrative Code rules 4753-3-10 and 4753-5-01, your license to practice as a speech-language pathology aide or audiology aide in the State of Ohio will expire on December 31, 2012.

Please read all instructions carefully and fill in all required fields on the attached renewal application to prevent any delays in the processing of your renewal application and to prevent your license from expiring.

Individuals holding an aide license must renew their license by mail. Please contact the Board if you have received this in error.

1. Complete the renewal application for aide licensure in its entirety. You are required to provide all of the following:
 - Your current home and business addresses;
 - Your current home and business phone numbers; and
 - Answers to all questions.
2. Remit a check, money order, or cashier's check in the EXACT amount indicated on page 1 of the application, made payable to "Treasurer, State of Ohio". All renewal fees are non-refundable.
3. **YOU MUST SIGN, DATE AND SUBMIT THE ORIGINAL RENEWAL APPLICATION.**
4. Processing takes approximately four (4) weeks.

NAME OR EMPLOYMENT CHANGE

Rule 4753-3-03 of the Administrative Code requires all licensees to notify the board in writing of any change of name, place of business or employment, or mailing address within thirty days of said change.

CONTACT US

You may contact the Board Monday through Friday from 8:00 a.m. to 5:00 p.m. at (614) 466-3145 or board@slpaud.ohio.gov, or by visiting the Board's website at <http://slpaud.ohio.gov>.

CREDENTIAL MAILING ADDRESS

This is the address you wish the Board to correspond with you. This includes renewal and licensure information. Listing an e-mail address will facilitate distribution of our eNewsletter.

BUSINESS ADDRESS

This address is your primary practice address and must be completed if you are practicing with an employer.

Board Members

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Amy Thorpe Wiley, M.Ed., CCC-SLP, Vice Chairperson
Karen K. Mitchell, Au.D.
Elizabeth E. Tracy, Public Member

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Board Staff

Gregg B. Thornton, Esq., Executive Director
Darlene D. Young, Executive Office Administrator
Brandy R. Thomas, Administrative Professional
Connie J. Stansberry, Investigator

You may keep this portion for your records.

***** Complete and return all pages of the renewal application to the Board *****

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No Change - Renewal Application For Aide Licensure to Practice during 2013-2014

IMPORTANT – This renewal form should only be completed if there are no changes to your aide application and approved aide plan on file with the Board. All changes should be reported on the Board’s prescribed aide application form, which can be downloaded from the Board’s website at <http://slpaud.ohio.gov>; click on the “Forms and Applications” link. If you are unable to download an aide application and need one mailed to you, please contact the Board at the address or phone number noted above.

License Number:

Amount Due: **\$50.00**

The following information must be completed in its entirety or your application will be considered incomplete. Incomplete applications will not be processed and your license will expire at midnight on December 31, 2012.

Please Print Clearly

Contact & Credential Mailing Information

Name: _____

Credential Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: __ (____) _____

Email Address: _____

Employment Information

Name of Employer: _____

Primary Work Address: _____

City: _____ State: _____ Zip Code: _____

County: (If employment is in Ohio _____) Work Telephone: _____

Work Email Address: _____

I DO NOT WISH TO RENEW MY LICENSE.

(Please check if you do not wish to renew. Sign, date and return the application to the Board.)

There are no changes to report from the aide application or approved Aide Plan currently on file with the Ohio Board.

Please check your primary work setting

- | | |
|--|--|
| <input type="checkbox"/> College or University – Academic/Faculty/Research | <input type="checkbox"/> Medical Office / ENT Office |
| <input type="checkbox"/> Community Center (i.e. Speech & Hearing Centers) | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Federal Governmental Agency | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Government Agency (city, county or state) | <input type="checkbox"/> Research Center |
| <input type="checkbox"/> Health System/Hospital-Based/Outpatient Facility/Clinic | <input type="checkbox"/> School (Preschool/Primary/Secondary) |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Skilled Nursing Facility/Long-Term Care/Assisted Living |
| <input type="checkbox"/> Industry (hearing aid mfrs., industrial testing, publisher) | <input type="checkbox"/> Other (please specify: _____) |

Renewal application continues on back of page.

Please circle your answer to the following questions.

Since your last renewal or license reinstatement, have you been:

- | | | |
|--|-----|----|
| 1. Convicted of, found guilty of, pled guilty to, or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude? | Yes | No |
| 2. Adjudged by a court to be mentally incompetent? | Yes | No |
| 3. Do you currently have any open complaints/disciplinary actions pending or were you disciplined in your work setting? | Yes | No |

If you answered yes to any of questions 1-3, you are required to provide details on a separate sheet of paper including the location(s) where the action(s) occurred. You must also include copies of any court and/or licensing board orders.

I, the undersigned, hereby certify that the information is true. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Ohio Revised Code section 4753.10.

Signature of Applicant

Date

Name of Supervisor – Please print

License Number

Signature of Supervisor

Date

Note: All supervisors of record must sign this renewal application. Use additional sheets if necessary.

Name of Supervisor – Please print

License Number

Signature of Supervisor

Date

Name of Supervisor – Please print

License Number

Signature of Supervisor

Date