



DUAL LICENSE RENEWAL NOTICE

Practice Period: 2013-2014

Renewal Deadline: 12/31/2012

Dear Dual Licensee:

Pursuant to the Ohio Revised Code section 4753.09, and the Ohio Administrative Code rules 4753-3-10 and 4753-5-01, your dual license to practice as a speech-language pathologist and audiologist in the State of Ohio will expire at midnight on December 31, 2012.

Please read all instructions carefully and fill in all required fields on the enclosed renewal application to prevent any delay in the processing of your renewal application and to prevent your licenses from expiring.

Individuals dually licensed wishing to take advantage of the reduced renewal fee of \$170.00 must renew by mail. Please contact the Board if you have received this in error.

1. Complete the renewal application for dual licensure in its entirety.
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. All continuing education (CE) requirements must be completed by December 31, 2012. Pursuant to rule 4753-4-01 of the Administrative Code, dually licensed individuals must complete twenty CEs for each license.
 - Twenty (20) contact hours of CE between January 1, 2011 and December 31, 2012 to renew a speech-language pathology or audiology license that was valid from January 1, 2011 and December 31, 2012.
 - Ten (10) continuing education hours shall be acquired in the area of licensure. For a speech-language pathology license the ten hours shall be specific to the clinical practice of speech-language pathology; for an audiology license the ten hours shall be specific to the clinical practice of audiology. Ten continuing education hours may be acquired in areas related to speech-language pathology or audiology or both.
 - An individual licensed as both an audiologist and speech-language pathologist shall earn twenty continuing education hours for each license within the two-year period immediately preceding the licensee's renewal applications. However, appropriate continuing education hours may be used for both licenses. Ten continuing education hours shall be acquired in each area of licensure.
 - A licensee is not required to obtain continuing education for the first renewal.
 - **Do not send CE documentation to the Board at this time. You are required to save documentation of completed CE for at least four years after the date of your license renewal. Documentation will be required in the event you are audited.**
4. **YOU MUST SIGN AND DATE THE RENEWAL APPLICATION.**
5. 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.

NEW INFORMATION FOR THIS RENEWAL PERIOD

- **CHANGE IN RENEWAL FEE**

The license renewal fee for speech-language pathology or audiology is \$120.00 and \$170.00 for dual license holders for the practice biennium.

- **INACTIVE LICENSE – APPLICATIONS ACCEPTED DURING RENEWAL PERIOD**

Pursuant to Rule 4753-3-11 of the Administrative Code, a person licensed as a speech-language pathologist or audiologist may apply for inactive status of his/her license during the license renewal period. **THE APPLICATION FOR INACTIVE STATUS MAY BE DOWNLOADED FROM THE BOARD’S WEBSITE ([HTTP://SLPAUD.OHIO.GOV](http://slpaud.ohio.gov)).**

- **IMPORTANT DATA BEING COLLECTED TO TRACK LICENSURE TRENDS**

Individuals renewing their licenses will be asked to identify their employment status, primary work setting, and other important information. This information will assist the Board to identify and respond to trends impacting the professions, as well as consumers who receive speech-language pathology and audiology services in Ohio.

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>. Please be sure to include your name, license number, and phone number on all correspondence sent to the Board. During the license renewal period (September-December), the Board’s office will be closed on the following dates in observance of state holidays: Labor Day, Monday, September 3; Columbus Day, Monday, October 8; Veteran’s Day, Monday, November 12 (Observed); Thanksgiving, Thursday, November 22, and Christmas, Tuesday, December 25, 2012.

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.

Enclosure: Renewal Application

Board Members

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

Loretta T. Embry, M.A., SLP
Tammy H. Brown, M.A., CCC-A, ABA, FAAA
Malcolm J. Porter, Public Member

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 *****

Ohio Board of Speech-Language Pathology & Audiology
77 South High Street, Suite 1659 • Columbus, Ohio • 43215-6108
(614) 466-3145

Renewal Application For Dual Licensure – to Practice during 2013-2014

Please verify your credential numbers. Please cross out and correct information by printing in red ink.

Speech-Language Pathology License Number:
Audiology License Number:

Amount Due: **\$170.00 (Make Check or Money Order payable to “Treasurer, State of Ohio”)**

The following information must be fully completed 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 update any incorrect information by drawing a line through the information and printing the updated information next to the data field.

Please Print Clearly

Contact & Credential Mailing Information

Name: _____

Credential Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: (_____) _____

Email Address: _____

Employment Information

You must check this box if you do not have employer information to report.

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 mail the original application to the Board.)

Please indicate your current work status

- Employed full time – at least 30 hours per week
- Employed part time – less than 30 hours per week
- Not employed
- Retired

Renewal application continues on back of page.

Please check your primary work setting

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

How long have you been licensed to practice?

- Less than 1 year
- 6 to 10 years
- 16 – 20 years
- 1 to 5 years
- 11 to 15 years
- More than 21 years

How many more years do you intend to continue practicing before retiring?

- Less than 1 year
- 6 to 10 years
- 16 – 20 years
- 1 to 5 years
- 11 to 15 years
- More than 21 years

Please circle your answer to the following questions.

- | | | |
|---|-----|----|
| 1. Do you have experience supervising conditional licensees, CFYs, student permit holders, SLP/AUD Aides, and/or other SLPs/AUDs? | Yes | No |
| 2. This is my first renewal; therefore, I am not required to attest to completing continuing education pursuant to Ohio Administrative Code (OAC) §4753-4-01(A)(5). | Yes | No |
| 3. I have or will have completed 20 clock hours of continuing education, as required by §4753 OAC by December 31, 2012. | Yes | No |

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

- | | | |
|--|-----|----|
| 4. 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 |
| 5. Adjudged by a court to be mentally incompetent? | Yes | No |
| 6. Denied a license to practice speech-language pathology and audiology or another healthcare profession by any state (including Ohio) or U.S. territory? | Yes | No |
| 7. Disciplined in any state (including Ohio) or U.S. territory in which you currently hold or have ever held a license to practice speech-language pathology and audiology or another healthcare profession? | Yes | No |
| 8. 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 4-8, 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

Date