



Ohio Board of Speech-Language Pathology and Audiology

www.slpaud.ohio.gov

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LICENSE RENEWAL NOTICE
PAPER RENEWAL APPLICATION
Practice Period: 2015-2016
Renewal Deadline: 12/31/2014

Dear Licensee:

Pursuant to the Ohio Revised Code section 4753.09 and Ohio Administrative Code rules 4753-3-10 and 4753-5-01, your license to practice as a speech-language pathologist or audiologist in the State of Ohio will expire at midnight on December 31, 2014.

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

1. Complete the renewal application in its entirety and mail the original.
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, 2014. Pursuant to rule 4753-4-01 of the Administrative Code, a licensee must complete:
 - Twenty (20) contact hours of CE between January 1, 2013 and December 31, 2014 to renew a speech-language pathology or audiology license that was valid from January 1, 2013 and December 31, 2014.
 - 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

• **CHANGES TO CONTINUING EDUCATION REQUIREMENT**

Beginning January 1, 2015 for the 2015-2016 practice biennium, two out of the twenty hours required for continuing education must be related to ethics. More information and resources are available from the board’s website at <http://slpau.ohio.gov/continued.stm>

• **CE BROKER**

Licensees required to complete 20 hours of continuing education are reminded to sign-up for a free basic account with CE Broker to self-report hours and be exempt from a continuing education audit. To begin self-reporting your hours or to verify any hours that may have already been reported on your behalf if you subscribe to a CE Registry, such as ASHA, please visit https://www.cebroke.com/public/pb_healthcare_professionals.aspx?Type=COMP&state=7

• **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, at the time of biennial renewal. **THE APPLICATION FOR INACTIVE STATUS MAY BE DOWNLOADED FROM THE BOARD’S WEBSITE (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@slpau.ohio.gov, or by visiting the Board’s website at <http://slpau.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 1; Columbus Day, Monday, October 13; Veteran’s Day, Tuesday, November 11 (Observed); Thanksgiving, Thursday, November 27, and Christmas, Thursday, December 25, 2014.

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 newsletter.

BUSINESS ADDRESS

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

Enclosures: Renewal Application

Board Members

Amy Thorpe Wiley, M.Ed., CCC-SLP, Chairperson
Karen K. Mitchell, Au.D., Vice Chairperson
Tammy H. Brown, M.A., CCC-A, ABA, FAAA

Lisa A. Froehlich, Ph.D., CCC-SLP
Linda L. Wellman, Ph.D., CCC-SLP
Helen L. Mayle, 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.

4. Do you intend to let your license expire when you retire?

Yes No

5. If you checked “No” and plan to maintain your “Active” license status after retirement from your employer, do you intend to continue practicing under your license?

Yes No

6. 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: _____) |

If you are a school-based practitioner, the Board would appreciate you taking a few minutes after renewing your license to complete the “SLP Service Delivery Model/Scope of Practice in Schools” survey at: <https://www.surveymonkey.com/s/SLXH3QS>. Your response will help the Board to address issues with caseload and personnel shortages in the school setting. The Board would like to thank licensees who already completed this survey.

7. Please select the one that best describes you in your work setting:

- The majority of my time is spent providing direct therapy/clinical services to patients/clients in my work setting.
 The majority of my time is spent in a supervisory or non-therapy/clinical position in my work setting.
 Not applicable

8. Do you have a Certificate of Clinical Competence that is current and in good standing from the American Speech-Language-Hearing Association?

- Yes – CCC-SLP No
 Yes – CCC-AUD
 Yes – CCC-AUD

9. Do you hold Board Certification in Audiology from the American Board of Audiology?

Yes No Not Applicable

10. Are you credentialed as a “Fellow of the American Academy of Audiology” (FAAA)?

Yes No Not Applicable

11. Please list the highest level of education you have in speech-language pathology or audiology, e.g., Masters, Au.D., Ph.D., etc.

Specify highest degree in your area of licensure: _____

12. Do you hold licensure to practice audiology or speech-language pathology in another state?

Yes No

13. What is your gender?

MALE FEMALE

14. Do you have experience supervising conditional licensees, CFYs, student permit holders, SLP/AUD Aides, and/or other SLPs/AUDs?

Yes No

15. 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

16. If this is not your first renewal, have you completed or will you complete 20 clock hours of continuing education, as required by Ohio Revised Code Chapter 4753 by December 31, 2014.

Yes No

Since your last renewal, restoration or license reinstatement:

17. Have you ever been arrested, charged and/or convicted, pled guilty, or no contest or been granted intervention in lieu of conviction for any misdemeanor or other criminal offense in the State of Ohio or in any other state, commonwealth, territory, province, or country, (other than minor traffic violations)?

Yes No

18. Have you ever been arrested, charged and/or convicted, pled guilty, or no contest or been granted intervention in lieu of conviction for any felony or other criminal offense in the State of Ohio or in any other state, commonwealth, territory, province, or country, or United States federal court?

Yes No

19. Have you ever had a misdemeanor or felony conviction expunged that is substantially related to the practice of speech-language pathology or audiology?

Yes No

20. Have you been adjudged by a court to be mentally incompetent?

Yes No

21. Have you been 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

22. Have you been 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

23. 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 17-23, 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.

24. If you need more than one renewal card mailed to you, please indicate the number: _____

25. Have you served in the military?

Yes No

26. Has your spouse served in the military?

Yes No

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