

LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

18550 HIGHLAND ROAD, SUITE B • BATON ROUGE, LOUISIANA 70809 PHONE: (225) 756-3480 or (800) 246-6050

2015 - 2016 RENEWAL APPLICATION

SPEECH-LANGUAGE PATHOLOGY

Timely renewals must be submitted by **June 30, 2015**. Delinquent requests for renewals will be accepted through October 31, 2015. Renew online at www.lbespa.org and receive updated license card within one week. Renewals by mail may take up to six weeks for processing.

Renewal Completed between April 15 and June 30, 2015 \$	65.00
Renewal Completed between July 1 and July 31, 2015	\$130.00
Renewal Completed between August 1 and October 31, 2015	\$260.00

Licensees who allow their license to lapse and apply to reinstate between November 1, 2015 and June 30, 2016, will be required to submit a notarized application for license, the initial license fee of \$125.00 and a delinquent renewal fee of \$260.00 in accordance with the Board's *Rules, Regulations and Procedures*.

Inactive Status: submit renewal application, renewal fee and complete the affidavit on the continuing education report.

NAME:HOME ADDRESS:			LICE	NSE #:
HOME ADDRESS:				
			HOME PHONE:	
CITY:	PARISH:		STATE:	ZIP:
E-MAIL ADDRESS:				
DRIVER'S LICENSE NUMBER:				
PRIMARY EMPLOYMENT SETTING	G: ☐ Hospital ☐ Private ☐ Other:		•	School University
PRIMARY EMPLOYER'S NAME:				
EMPLOYER'S ADDRESS:				
CITY:				
OFFICE PHONE #: ()		FAX:()	
JOB TITLE:				
DESCRIPTION OF EMPLOYMENT:				
SECONDARY EMPLOYMENT SETT	TING: ☐ Hospital ☐ Priv	ate Practice	☐ Rehab/Agency	☐ School ☐ University
	Other:		☐ No Secondary F	Employment Setting
Name, address, and email address can only the following to be shared. If left t			se continuing educa	ation opportunities. I allov
□Name & Address □Email	Address	□Opt o	out of data sharing	5

	Has any state rejected your application or revoked or sus license or certificate?	spended your	professional	YESNO (If yes, attach notarized explanation)
2.	Has any state imposed any form of disciplinary action (reprimand, fine, etc.) on you or your professional licensu		spension,	YES NO (If yes, attach notarized explanation)
3.	Have you ever been charged or convicted of any crime o	r unprofessio	onal conduct?	YES NO (If yes, attach notarized explanation)
4.	To an extent that it impairs your functioning as a speech-audiologist, have you ever used or are you currently usin (including controlled substances obtained either with or intoxicating liquors?	g drugs, che	mical substances	YES NO (If yes, attach notarized explanation)
5.	Have you been a participant in an alcohol or drug treatment which you were monitored or supervised relative to your			YES NO (If yes, attach notarized explanation)
6.	Have you ever been adjudged mentally incompetent?			YES NO (If yes, attach notarized explanation)
Note relat	: If you have previously provided to the Board notarized expive to such incident(s) is available, you do not need to replicate	lanation(s) of material previ	such incident(s) and a ously submitted to the	no further information or change of status Board during the renewal process.
Em	ployment in Speech-Language Pathology (check al	l that apply):		
	Part time (<30 hrs per week) I am employed or self-employed in LA. I am employed or self-employed in SLP			per week) he profession <u>out</u> of LA. in the profession of SLP
	the name and license number of restricted, provisional year, July 1, 2014 through June 30, 2015. (Use add			you supervised during the last
1.				License #:
				License #:
				License #:
sup	the names, addresses, employment location and dates ervised during the last fiscal year, July 1, 2014 through Name Address	June 30, 20	Use addition	nal paper if necessary.)
	Dates of Supervision Beginning:		Ending:	
<u> </u>	Your application is NOT considered complete until all	supporting (locuments and fees	have been received by the board.
7	Your application is NOT considered complete until all s Required Documents: Renew CE Re	supporting o	locuments and fees	have been received by the board. filled out and signed
7	Your application is NOT considered complete until all s Required Documents: Renew CE Re	supporting over the support of the support Form the suble fee	locuments and fees tion - completely t (supporting docs	have been received by the board. filled out and signed only if audited)
	Required Documents: Renew CE Re Applic Renewal applications submitted via fax or each of this application if they change. Failure to supplement the	supporting of all Applicate port Form table fee email are unate to update and	locuments and fees tion - completely to (supporting docs) cceptable and will be d supplement the infi and responses on th	have been received by the board. filled out and signed only if audited) e subject to late penalties. formation and responses
Or	Required Documents: Renew CE Re Applic Renewal applications submitted via fax or each of this application if they change. Failure to supplement the	supporting of all Applicate port Form table fee email are unate to update and information ppropriate actions wish to pay	locuments and fees tion - completely to (supporting docs) cceptable and will be d supplement the infeand responses on the tion.	have been received by the board. Filled out and signed only if audited) e subject to late penalties. formation and responses is application may result in denial or
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Paycon	Required Documents: Renew CE Re Applic Renewal applications submitted via fax or e All applicants for licensure have an obligation this application if they change. Failure to supplement the other ap ments may be made via check or credit card. If you appleted. An additional \$3.00 processing fee will be a Name on Card:	supporting of all Applicate port Form table fee email are unate to update and information ppropriate actions wish to pay	locuments and fees tion - completely to (supporting docs) cceptable and will be d supplement the infeand responses on the tion.	have been received by the board. Filled out and signed only if audited) e subject to late penalties. formation and responses is application may result in denial or e following information must be
Pay com	Required Documents: Renew CE Re Applic Renewal applications submitted via fax or e All applicants for licensure have an obligation a this application if they change. Failure to supplement the other ap ments may be made via check or credit card. If you appleted. An additional \$3.00 processing fee will be a Name on Card: Card Number:	supporting of all Applicate port Form cable fee email are unate undate and enformation propriate actions wish to pay added to the email and be renoted to the email and th	locuments and fees tion - completely for (supporting docs) and will be desupplement the infrand responses on the tion. via credit card, the charge amount. 3-digit Securit	have been received by the board. Filled out and signed only if audited) e subject to late penalties. formation and responses is application may result in denial or e following information must be y Code: at all information provided is
Pay con	Required Documents: Renew CE Re Applic Renewal applications submitted via fax or e All applicants for licensure have an obligation this application if they change. Failure to supplement the other application and the submitted via check or credit card. If you appleted. An additional \$3.00 processing fee will be a Name on Card: Card Number: Expiration Date: Cereby request that my license to practice in Louisi	supporting of all Applicate port Form cable fee email are unate undate and enformation propriate actions wish to pay added to the email and be renoted to the email and th	locuments and fees tion - completely for (supporting docs) and will be desupplement the infrand responses on the tion. via credit card, the charge amount. 3-digit Securit	have been received by the board. Filled out and signed only if audited) e subject to late penalties. formation and responses is application may result in denial or e following information must be y Code: at all information provided is

CONTINUING EDUCATION REPORT 2015

Please record your continuing education activities completed during the license period **July 1, 2014 through June 30, 2015**, in the appropriate categories on the form provided, and **submit with your license renewal** for license year 2015.

Each licensee shall complete continuing education activities of at least ten (10) clock hours each license period, July 1 through June 30.

Of the ten (10) hours, five (5) shall be in the area of licensure, and five (5) may be in areas related to the professions of audiology and speech-language pathology.

<u>Audiologists</u> who register as dispensing audiologists shall have at least three (3) hours of the total ten (10) hours in areas directly related to hearing aid dispensing.

<u>Dual licensees</u> shall complete fifteen (15) hours per year with a minimum of five (5) hours in speech-language pathology and five (5) hours in audiology.

LBESPA MAY REQUEST, THROUGH OFFICIAL AUDIT, VERIFICATION OF CLOCK HOURS SUBMITTED, INCLUDING INFORMATION REGARDING CONTENT, CERTIFICATION, AND ATTENDANCE. YOU SHOULD KEEP PROPER DOCUMENTATION IN THE EVENT YOU ARE AUDITED.

List the date and number of hours spent in the following activities. Where required, list title of program/article. Please check whether the activity is in the area of licensure or a related area.

Ac	tivity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
1.	LBESPA-sponsored activities:				
2.	Meetings/conferences of speech-languation disorders sponsored b organizations such as ASHA, LSHA, or	y individual pro			
3.	Activities provided by ASHA-approve continuing education activities:	 d continuing e	ducation prov	 iders or AAA	 -approved
4.	Meetings of related professional organ Dyslexia Society):	izations (e.g. C	ouncil for Exc	eptional Childr	en, Orton

Ac	tivity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
5.	College courses in area of licen	sure (3 semester hour	s. or 6 quarter	nours. = 10 ho	urs of CE):
6.	Distance learning (video confer individual private practitioners, professional organizations, or re	universities, schools, o	clinics, state ag	t courses spor encies, hospita	nsored by als,
7.	Workshops and in-services the sponsored (max of 5 hrs. in a re	hat are university, so elated area) unlimited	chool, clinic, h hrs. In area of l	ospital or sta icensure:	te agency
8.	Publication of articles in a peer-	-reviewed journal for th	ne year which it	was published	d:
	Audio, video and other medi education media (max of 5 hours		proved and AA	A- approved	continuing
11	. The presenting licensee may of presented to allow for preparation count for the actual hour value	ion time (e.g. 3 hour w	vorkshop = 4 ½	hours). The	activity will
		IVITIES <u>REQUIRE PRE-</u> iires pre-approval of se			
	Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
12	. Audio tape(s), video tape(s) or	DVDs not ASHA or A	AA approved (r	nax. 5 hours):	
13	. Reading of journal articles that	contain self-examinati	on questions at	the end (max	. 5 hours):

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
14. Publication of diagnostic and/o	r therapeutic material	s (max. 5 hours):	
15. Self Study or Other pre-approv	red activities complete	ed:		
	TOTALS			
Number of hours in related area Number of hours in areas direct TOTAL NUMBER OF CONTINUING	tly related to hearing	g aid dispensin	g (if applicable)	
ALL APPLICANT	S MUST COMPLE	TE THE FOLL	OWING	
I certify that the information provof these activities if requested. In disciplinary action with regard	I understand that fa	Isification of th	is document	
Signature (required)	Prii	nt or type your na	me	
Address	Da	te Form Complete	ed	
City, State, Zip	Lic	ense Number		

Please note that LBESPA will allow continuing education <u>hours collected in June</u> to count backward or forward, i.e., the 2014/2015 collection period or the 2015/2016 collection period. Hours accrued during June may be used for only one collection period and may not be divided and applied to both collection periods. There shall be no carry-over of continuing education hours in any other month from one license year to the next.

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	Inactive Status A	 Affidavit
	machivo Otatao 7	Minda I I.
I, language pathology and/o must complete the contin Rules, Regulations and P	uing education requirements a	not practice the profession of speech hrough June 30, 2015. I understand that is stated in Rule No. 121.F. of the Board's
Applicant Signature		Date
	Notarization not required for	r this purpose
you hold a license that re	auires supervision but did not	work in the profession of Speech-
anguage Pathology, you and enemal attesting that you	are required to submit a notarized did not work in the profession of	zed statement at the time of license during the license period.
anguage Pathology, you a enewal attesting that you	are required to submit a notaria	zed statement at the time of license during the license period.
Inguage Pathology, you annow a lattesting that you are lattesting that you are lattesting that you are lattesting that I lattest latte	Affidavit in Lieu of S Affidavit in Lieu of S , hole ssion of speech-language path must complete the continuing Rules, Regulations and Procedu Board of Examiners for Speech	zed statement at the time of license during the license period. Supervision d a license that requires SUPERVISION, but no logy from July 1, 2014 through June 30 education requirements as stated in Ruleures.
I,did not practice the profe 2015. I understand that No. 121.F. of the Board's	Affidavit in Lieu of S Affidavit in Lieu of S , hole ssion of speech-language path must complete the continuing Rules, Regulations and Procedu Board of Examiners for Speech	zed statement at the time of license during the license period. Supervision d a license that requires SUPERVISION, but nology from July 1, 2014 through June 30 education requirements as stated in Rule

Applicant's Name:

Mail signed Renewal Application, Fee, Continuing Education Report and supervision forms (if applicable) to:

LBESPA 18550 Highland Road, Suite B Baton Rouge, Louisiana 70809 Telephone: 225-756-3480 or 1-800-246-6050 Website: www.lbespa.org