



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.

ALL FIELDS ARE REQUIRED

NAME: _____ **LICENSE #:** _____

HOME ADDRESS: _____ **HOME PHONE:** _____

CITY: _____ **PARISH:** _____ **STATE:** _____ **ZIP:** _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

PRIMARY EMPLOYMENT SETTING: Hospital Private Practice Rehab/Agency School University
 Other: _____ Not Employed

PRIMARY EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ **PARISH:** _____ **STATE:** _____ **ZIP:** _____

OFFICE PHONE #: (_____) _____ **FAX:**(_____) _____

JOB TITLE: _____

DESCRIPTION OF EMPLOYMENT: _____

SECONDARY EMPLOYMENT SETTING: Hospital Private Practice Rehab/Agency School University
 Other: _____ No Secondary Employment Setting

Name, address, and email address can be requested by third parties to advertise continuing education opportunities. I allow only the following to be shared. If left unchecked, all data will be shared.

Name & Address Email Address Opt out of data sharing

If you have achieved a higher degree and would like that degree reflected in the LBESPA database, an official sealed transcript must be submitted to the Board office.

Applicant's Name: _____

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.

Audiologists 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.

Dual licensees 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.

| Activity | #Hours | Date Mo/Day/Yr | Area of Licensure | Related Area |
|----------|--------|-------------------|----------------------|-----------------|
|----------|--------|-------------------|----------------------|-----------------|

1. LBESPA-sponsored activities:

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

2. Meetings/conferences of speech-language hearing organizations or workshops in the area of communication disorders sponsored by individual professional practitioners or professional organizations such as ASHA, LSHA, or SPALS:

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

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|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
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| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

3. Activities provided by ASHA-approved continuing education providers or AAA-approved continuing education activities:

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

4. Meetings of related professional organizations (e.g. Council for Exceptional Children, Orton Dyslexia Society):

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

| Activity | #Hours | Date Mo/Day/Yr | Area of Licensure | Related Area |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------|----------------------|-----------------|
| 5. College courses in area of licensure (3 semester hours. or 6 quarter hours. = 10 hours of CE): | | | | |
| 6. Distance learning (video conferences, telephone seminars & Internet courses sponsored by individual private practitioners, universities, schools, clinics, state agencies, hospitals, professional organizations, or related professional organizations): | | | | |
| 7. Workshops and in-services that are university, school, clinic, hospital or state agency sponsored (max of 5 hrs. in a related area) unlimited hrs. In area of licensure: | | | | |
| 8. Publication of articles in a peer-reviewed journal for the year which it was published: | | | | |
| 9. Audio, video and other media that are ASHA-approved and AAA- approved continuing education media (max of 5 hours): | | | | |
| 11. The presenting licensee may count 1 1/2 times the value of a workshop the first time it is presented to allow for preparation time (e.g. 3 hour workshop = 4 1/2 hours). The activity will count for the actual hour value for each subsequent presentation of the same activity. | | | | |

**The following ACTIVITIES REQUIRE PRE-APPROVAL by LBESPA
LBESPA requires pre-approval of self-study activities.**

| Activity | #Hours | Date Mo/Day/Yr | Area of Licensure | Related Area |
|----------------------------------------------------------------------------------------------------|--------|-------------------|----------------------|-----------------|
| 12. Audio tape(s), video tape(s) or DVDs not ASHA or AAA approved (max. 5 hours): | | | | |
| 13. Reading of journal articles that contain self-examination questions at the end (max. 5 hours): | | | | |

| Activity | #Hours | Date Mo/Day/Yr | Area of Licensure | Related Area |
|----------------------------------------------------------------------------|--------|-------------------|----------------------|-----------------|
| 14. Publication of diagnostic and/or therapeutic materials (max. 5 hours): | _____ | _____ | _____ | _____ |
| 15. Self Study or Other pre-approved activities completed: | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TOTALS

| | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|
| Number of hours in area of licensure..... | _____ |
| Number of hours in related area..... | _____ |
| Number of hours in areas directly related to hearing aid dispensing (if applicable) | _____ |
| TOTAL NUMBER OF CONTINUING EDUCATION HOURS SUBMITTED..... | <input style="width: 80px; height: 20px;" type="text"/> |

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

I certify that the information provided above is accurate and I can provide documentation of these activities if requested. I understand that falsification of this document can result in disciplinary action with regard to my ability to practice my profession.

Signature (required)

Print or type your name

Address

Date Form Completed

City, State, Zip

License Number

* * * * *

Please note that LBESPA will allow continuing education hours collected in June 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.

* * * * *

Applicant's Name: _____

If you hold a license but did not work in the profession of Speech-Language Pathology and/or Audiology, you are required to complete the Inactive Status Affidavit below at the time of license renewal attesting that you did not work in the profession during the license period, July 1 through June 30.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <u>Inactive Status Affidavit</u> | |
| I, _____, did not practice the profession of speech-language pathology and/or audiology from July 1, 2014 through June 30, 2015. I understand that I must complete the continuing education requirements as stated in Rule No. 121.F. of the Board's Rules, Regulations and Procedures. | |
| _____ Applicant Signature | _____ Date |
| *Notarization not required for this purpose* | |

If you hold a license that requires supervision but did not work in the profession of Speech-Language Pathology, you are required to submit a notarized statement at the time of license renewal attesting that you did not work in the profession during the license period.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|
| <u>Affidavit in Lieu of Supervision</u> | | |
| I, _____, hold a license that requires SUPERVISION, but did not practice the profession of speech-language pathology from July 1, 2014 through June 30, 2015. I understand that I must complete the continuing education requirements as stated in Rule No. 121.F. of the Board's Rules, Regulations and Procedures. | | |
| I certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statement is true and correct. | | |
| _____ Applicant Signature | | _____ Date |
| _____ Notary | _____ ID# | _____ Date |
| *Notarization Required* | | |

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

****PLEASE ALLOW SIX (6) WEEKS FOR THE PROCESSING OF YOUR LICENSE RENEWAL****