Louisiana Board of Examiners for Speech-Language Pathology and Audiology

18550 Highland Road, Suite B • Baton Rouge, Louisiana 70809 • (225) 756-3480 or (800) 246-6050 • www.lbespa.org

2012-2013 RENEWAL FORM

FOR

PROVISIONAL AND RESTRICTED SPEECH-LANGUAGE PATHOLOGISTS, PROVISIONAL SLP ASSISTANTS AND SLP ASSISTANTS

Please complete this Renewal Form and return it to the Board office **by June 30, 2012**. Compliance with Act 892 of the Regular Session of the 1995 Louisiana Legislature requires each licensed speech-language pathologist in the State of Louisiana to renew their license. Current licensure is a requirement for employment in the State of Louisiana, regardless of the employment setting.

Renewal Completed between April 15 and June 30, 2012......\$ 65.00Renewal Completed between July 1 and July 31, 2012......\$130.00Renewal Completed between August 1 and October 31, 2012.....\$260.00

- Renew Online at <u>www.lbespa.org</u> and receive your new license card within one week!
- Renew by mail and allow 6 (six) weeks for processing.

Licensees who allow their license to lapse and reinstate between October 31, 2012 and June 30, 2013, 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*.

Licensees requesting the **inactive status for continuing education hours** may retain their license by payment of the annual renewal fee and completion of the affidavit on the continuing education report in accordance with Rule No. 121.F. of the Board's *Rules, Regulations and Procedures.*

ALL FIELDS ARE REQUIRED

NAME:	LICENSE #:				
HOME ADDRESS:			HOME PHONE	E:	
СІТУ:	PARISH:		STATE:	ZIP:	
E-MAIL ADDRESS:					
DRIVER'S LICENSE NUMBER:					
PRIMARY EMPLOYMENT SETTING:	-	Private Practice		□ School	□ University
PRIMARY EMPLOYER'S NAME:					
EMPLOYER'S ADDRESS:					
CITY:					
OFFICE PHONE: ()		FAX: ())		
JOB TITLE:					
DESCRIPTION OF EMPLOYMENT:					
SECONDARY EMPLOYMENT SETTING	·	Private Practice			

1.							
	Has any state rejected your application or revoked or suspended your professional license or certificate?	YES <u>NO</u> (If yes, attach notarized explanation)					
2.	Has any state imposed any form of disciplinary action (revocation, suspension, reprimand, fine, etc.) on you or your professional licensure?	YES <u>NO</u> (If yes, attach notarized explanation)					
3.	Have you ever been charged or convicted of any crime or unprofessional conduct?	YES <u>NO</u> (If yes, attach notarized explanation)					
4.	To an extent that it impairs your functioning as a speech-language pathologist or audiologist, have you ever used or are you currently using drugs, chemical substances (including controlled substances obtained either with or without a valid prescription), or intoxicating liquors?	YES <u>NO</u> (If yes, attach notarized explanation)					
5.	Have you been a participant in an alcohol or drug treatment or rehabilitation program in which you were monitored or supervised relative to your use of drugs or alcohol?	YES NO (If yes, attach notarized explanation)					
6.	Have you ever been adjudged mentally incompetent?	YES NO (If yes, attach notarized explanation)					
	f you have previously provided to the Board notarized explanation(s) of such incident(s) and no further cident(s) is available, you do not need to replicate material previously submitted to the Board during the						
year, state.	I hereby request that my license to practice in Louisiana be renewed. I hereby certify that, within the past year, no professional license issued to me has been revoked, suspended, or placed on probation by any state, nor have I been charged with violation of any state, federal, civil or criminal law. (If you are unable to certify this statement, you must attach a notarized explanation.)						
Perso	onal Signature Required:	Date:					
1 61 50	(Full Name Required)						
Act # 721 passed by the Louisiana Legislature in the 2003 Regular Session, mandates that State Licensing Boards ask the follow- ing questions. The information given is to remain confidential, and will be used to measure and track the supply of licensed profes- sionals for statistical purposes by the Louisiana Department of Labor							
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CONTINUING EDUCATION REPORT 2012

Please record your continuing education activities completed during the license period July 1, 2011 through June 30, 2012, in the appropriate categories on the form provided, and **submit with your license renewal** for license year 2012.

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.

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

1. LBESPA-sponsored activities:

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

4. Meetings of related professional organizations

Licensee's Name:_____

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
5. College courses in area of licer	nsure taken for credit o	r offical audit		
 Distance learning (video confer universities, schools, clinics, sta 				sored by
 Workshops and in-services the sponsored (max. of 5 hrs. if in r 	nat are university, scl elated area. 10 hrs. if	hool, clinic, h in area of licer	ospital or state isure) 	e agency
8. Publication of articles in a peer-	-reviewed journal (max	. 5 hrs.)		
9. Scientific or educational lectures licensee (max. 5 hrs.)	to include presentation	ns such as pos	ter sessions giv	en by the
10. Audio, video and other media AAA-approved continuing educ			as ASHA-appr	oved and
11. The presenting licensee may c presented to allow for preparati each subsequent presentation	on time. The workshop	o will count for		
The following ACTI LBESPA requ	VITIES <u>REQUIRE PRE-/</u> uires pre-approval of se	APPROVAL by If-study activiti	LBESPA es.	
Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area

11. Audio tape(s) or video tape(s) **NOT** from LBESPA's Video Library (max. 5 hrs.)

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#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
ntain self-examina	ation questions a	at the end (ma	ax. 5 hrs.)
erapeutic materia	 ls (max. 5 hrs.)		
activities complete	ed:		
TOTALS			
related to hearing	g aid dispensin	g (if applicable)	
	ntain self-examina erapeutic materia activities complete TOTALS re	Mo/Day/Yr ntain self-examination questions a merapeutic materials (max. 5 hrs.) activities completed: TOTALS re	Mo/Day/Yr Licensure Intain self-examination questions at the end (magnetic materials (max. 5 hrs.) Interapeutic materials (max. 5 hrs.) <t< td=""></t<>

ALL LICENSEES 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 <u>hours collected in June</u> to count backward or forward, i.e., the 2011/2012 collection period or the 2012/2013 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.

* * * * * * *

Inactive Status Affidavit

I, ______, am a licensed speech-language pathologist/audiologist and am retired from the practice of the profession. <u>I did not practice</u> the profession of speech-language pathology and/or audiology from July 1, 2011 through June 30, 2012. 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.

Signature

Date

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

Louisiana Board of Examiners for Speech-Language Pathology and Audiology 18550 Highland Road, Suite B Baton Rouge, Louisiana 70809 Telephone: 225-756-3480 or 1-800-246-6050 Fax: 225-756-3472 Website: www.lbespa.org

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

CONTINUING EDUCATION REQUIREMENTS

RULE No. 121.F. INACTIVE STATUS

...In order to resume the practice of speech-language pathology or audiology, retired licensees shall demonstrate completion of five (5) clock hours of continuing education in the area of licensure for each year that the retired status was maintained.

RULE No. 123:

- A. Each licensee shall <u>complete continuing professional education activities of at least ten (10) clock</u> <u>hours</u> each license period, July 1 through June 30.
- B. Of the ten (10) hours, five (5) shall be in the area of licensure (practice of audiology or speechlanguage pathology) and five (5) may be in areas related to the professions of audiology and speechlanguage pathology.
- C. Audiologists who register as <u>dispensing audiologists shall insure that at least three (3) of the total ten</u> <u>hours are in areas directly related to hearing aid dispensing</u>, such as business/practice management, marketing, aural habilitation/rehabilitation, diagnostic assessment, characteristics of hearing aids and their application, etc.
- D. <u>Dual licensees shall complete fifteen (15) hours per year</u> with a minimum of five (5) hours in speechlanguage pathology and five (5) hours in audiology; the remaining five may be in areas related to the professions of audiology and speech-language pathology.
- E. Continuing Education events occurring in the month of June will be accepted for the collection period in which they occur or may be counted in the following collection period which begins July 1st. Hours from one event may not be divided between two collection periods.
- F. In the case of <u>extenuating circumstances</u>, when the licensee does not fulfill the continuing education requirements, the licensee shall submit a written request for extension to the board for consideration.
- G. Continuing Education hours accrued during the applicant's grace period will be accepted.
- H. The graduated scale for the collection of continuing education hours can be found in the Board's Rules, Regulations, and Procedures.

I. <u>Acceptable Continuing Education Sponsors and Activities</u>

- 1. Board-sponsored activities;
- 2. Presentations in the area of communication disorders sponsored by individual professional practitioners and/or professional organizations such as American Academy of Audiology (AAA), American Speech-Language-Hearing Association (ASHA), Louisiana Speech-Language-Hearing Association (LSHA), Speech Pathologists and Audiologists in Louisiana Schools (SPALS), Louisiana Society for Hearing Aid Specialists, etc.;
- 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);

- 5. College courses in the area of licensure taken for credit or official audit;
- 6. Distance learning (video conferences, telephone seminars and Internet courses sponsored by 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 (maximum of 5 hours in a related area, maximum of 10 hours if in the area of licensure);
- 8. Publication of a article in a peer-reviewed journal for the year in which it was published (5 hours);
- 9. Audio, video and other media from the LBESPA library as well as ASHA-approved and AAA-approved continuing education media (maximum of 5 hours);
- 10. The presenting licensee may count 11/2 times the value of an activity the first time it is presented to allow for preparation time (example: a three hour workshop = $4\frac{1}{2}$ hours). The activity will count for the actual hour value for each subsequent presentation of the same activity;
- 11. Teaching at the college level in the area of communication disorders is not acceptable;
- J. <u>Pre-Approval Policy</u> (Pre-Approval Application Form on Website www.lbespa.org)
 - 1. No pre-approval is required for any of the activities listed in Acceptable Continuing Education Sponsors and Activities;
 - 2. The licensee shall request pre-approval (<u>minimum of 30 days in advance</u>) of self-study activities, or other appropriate activities;
 - 3. A fifty (\$50) fee is required for Corporations offering CE not address or Individuals who are not LBESPA licensees;
 - 4. Licensees who elect to attend university classes/courses in speech-language pathology and/or audiology without payment of the university fee shall submit a self-study plan for pre-approval from the Board to receive CE credit;
 - 5. Self-study activities in the area of communication disorders:
 - a) Audio or video tapes (maximum of 5 hours)
 - b) Reading of journal articles that contain self-examination questions at the end. Articles shall be submitted for pre-approval (maximum of 5 hours);
 - 6. Publication of diagnostic and/or therapeutic materials (maximum of 5 hours);

K. <u>Recording of Continuing Education Activities</u>

- 1. Licensees shall record all continuing education activities as prescribed by the board and submitted at the time of renewal;
- 2. The board may request, through random audit, verification of clock hours submitted, including information regarding content and attendance. A percentage will be audited each year as a means of evaluating compliance with the continuing education requirements.

SLP FORM 100

Supervision Documentation for Provisional and Restricted Speech-Language Pathologists

Supervision of Provisional or Restricted Speech-Language Pathologists must include a **minimum of 12 monitoring activities annually.** At least four (4) monitoring activities must be on-site, in-view observations to be divided between the areas of diagnostics and management, supervised by an individual holding a license in the area of speech-language pathology and issued by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. Persons holding a Restricted, Provisional or Assistant License may not serve as a supervisor.

On-Site In-View Observation is defined as the supervisor observing the licensee engaging in a specified clinical activity with his/her patient/client. The supervisor shall accomplish this task either by being physically present in the room or through the use of a live video monitor.

Documentation of supervision may be requested by the Board. The supervision activities documented on this form are to occur within the Board's fiscal year, July 1 through June 30. This report should be mailed to the Board office by June 30 of each year. At least four (4) monitoring activities must be on-site, in-view observations to be divided between the areas of diagnostics and management. For twelve-month employees, one on-site, in-view observations must be conducted each quarter. For nine-month employees, two on-site in-view observations must occur each semester. It is also recommended that other monitoring activities be accomplished throughout the year of supervision. On-site, in-view observations should last a minimum of one hour.

<u>On-site in-view supervision as well as alternative methods of supervision must occur in every work</u> <u>setting in which the licensee is employed/contracted</u>. Licensees must remain under supervision until official notification of licensure upgrade is received.

Place of Employment:						
□ Full time			□ Part time			
Check applicable 9 month employee		mployee	□ 12 month employee			
boxes:	Setting:	Hospita		Private Practice		Rehab/Agency
		□ School		□ University		□ Other:

On-Site, In-View Monitoring Activitie		quarterly if e.				
ACTIVITY		12-month employees 9-m				employees
	1 ST Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	1 st Semester	2 nd Semester
Screening						
Evaluation						
Therapy						
Family/Parent/Teacher Conferences or Consultations						
TOTAL NUMBER OF ON-SITE, IN-VIEW OBSERVATIONS (WHETHER 12 OR 9 MONTH EMPLOYEE)						
AVERAGE NUMBER OF MINUTES PER SESSION						

Alternative Monitoring Activitie	······································							
ACTIVITY		12-month employees				9-month employees		
	1 ST Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	1 st Semester	2 nd Semester		
Review of screening results								
Review of diagnostic reports								
Review of treatment plans, IEPs, etc.								
Review of other client records								
Telephone/electronic communications								
In-service meetings/ Trainings attended by licensee								
Review of audio or video tapes relevant to specific patients/clients								
Other								
	TOTAL NU	JMBER OF AL		MONITORING r 12 or 9 mont	_			

PERIOD OF SUPERVISION:

(Month, Day and Year)

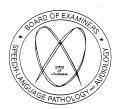
(Month, Day and Year)

We hereby certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statements are true and correct.

_to _

Supervisor's Signature	Supervisee's Signature
Supervisor's Printed Name	Supervisee's Printed Name
Supervisor's Address	Supervisee's Address
Supervisor's Address	Supervisee's Address
Supervisor's License Number	Supervisee's License Number

Louisiana Board of Examiners for Speech-Language Pathology and Audiology 18550 Highland Road, Suite B • Baton Rouge, Louisiana 70809 • Telephone: (225) 756-3480 or (800) 246-6050 Fax: 225-756-3472 • Website: www.lbespa.org • Email: aud-slp@lbespa.org



LOUISIANA BOARD OF EXAMINERS for SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY



MEMORANDUM

DATE: April 15, 2012

- TO:Provisional/Restricted Audiologist and/or
Provisional/Restricted Speech-Language Pathologist
- FROM: Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA)

RE: <u>SUPERVISION FORM 100 for the year 2011-2012</u>

A review of your file indicates that you hold a provisional or restricted license as an audiologist or speechlanguage pathologist. Provisional or Restricted Speech-Language Pathology Licensees and Provisional or Restricted Audiology Licensees are required to undergo direct supervision by a licensed audiologist or speechlanguage pathologist, licensed in the area in accordance with R.S. 37:2659(A). An individual may <u>not</u> be supervised by a provisional licensee, restricted licensee, or assistant licensee.

If you are employed in a public school system, the forms should be filed by the end of the school term, June 2012. If you are employed in any other setting, the forms should be filed by the end of the fiscal year, June 30, 2012.

If you have <u>not worked</u> as a <u>provisional or restricted audiologist or a provisional or restricted speech-language pathologist</u> during the period, July 1, 2011 to June 30, 2012, <u>you must submit a notarized statement in lieu of supervision forms</u>.

A Supervision Agreement Form must also be re-submitted to the Board for all supervised licensees.

This memo is sent to you as a reminder that your license will not be renewed for the 2012 renewal period until the appropriate supervision form or notarized statement is received.

SUPERVISION AGREEMENT FORM

Supe	rvisee's Name		Lic	ense Type	License #
Stree	et Address		City	State	Zip
<u>Chec</u>	k the one that applies:				
	Initial employment: Renewal of a license	(Date) 🛛	Change of su Addition of s	upervisor(s) upervisor(s)	(Date) (Date)

Guidelines:

- All individuals holding a provisional, restricted, assistant, or provisional assistant license must be supervised by a licensed speech-language pathologist or audiologist until supervisee presents proof of upgrade from the Board.
- A Supervision Agreement Form must be submitted within 30 days of any of the above-listed occurrences. Upon receipt, the Board will send acknowledgment to both supervisee and supervisor(s).
- If a licensee has more than one supervisor, all supervisors must sign the Supervision Agreement Form.
- Practice without a supervisor may result in disciplinary action for all parties.
- On-site in-view supervision as well as alternative methods of supervision must occur in every work setting in which the licensee is employed/contracted.

I understand that I am responsible for the services to the client that may be performed by this licensee and I must ensure that all services and supervision are in compliance with the Practice Act and the Rules, Regulations, and Procedures. If this supervisory relationship changes, I understand that the board office should receive written notification within 30 days. I hereby agree to maintain current supervision records and make them available to the Board upon request.

Supervisor Name	Lic. #	Company/School Name	Job Setting(s) (e.g. school, rehab, etc)
Supervisor' s Address:			

Supervisor's Signature: Date

Supervisor Name	Lic. #	Company/School Name	Job Setting(s) (e.g. school, rehab, etc)
Supervisor' s Address:			

Supervisor's Signature: _____ Date _____

If this supervisory relationship changes, I understand that a new Supervision Agreement Form must be submitted to the board office within 30 days. I agree to maintain current supervision records and make them available to the Board upon request. I understand the supervision requirements for the license held and understand that I must remain in supervision until my license has been upgraded.

Supervisee's Signature:

Date

Louisiana Board of Examiners for Speech-Language Pathology and Audiology 18550 Highland Road, Suite B • Baton Rouge, Louisiana 70809 • Telephone: (225) 756-3480 or (800) 246-6050 Fax: 225-756-3472 • Website: www.lbespa.org • Email: aud-slp@lbespa.org