

Louisiana Board of Examiners for Speech-Language Pathology and Audiology
 18550 Highland Road, Suite B • Baton Rouge, LA 70809 • (225) 756-3480 or (800) 246-6050

2010-2011 RENEWAL FORM
 for
DUAL LICENSURE

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Please complete this Renewal Form and return it to the Board office **by June 30, 2010**. Compliance with Act 892 of the Regular Session of the 1995 Louisiana Legislature requires each licensed audiologist/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. Allow up to 6 (six) weeks for processing.

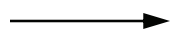
Renewal Fee Submitted between April 15 and June 30, 2010	\$ 90.00
with Hearing Aid Dispensing	\$100.00
Renewal Fee Submitted between July 1 and July 31, 2010.....	\$180.00
with Hearing Aid Dispensing	\$200.00
Renewal Fee Submitted between August 1 and October 31, 2010	\$360.00
with Hearing Aid Dispensing	\$400.00

Licensees who allow their license to lapse and reinstate between October 31, 2010 and June 30, 2011, will be required to submit a notarized application for license, the initial license fee of \$125.00 and a delinquent renewal fee of \$360.00 OR for hearing aid dispensing, initial license fee of \$150.00 and a delinquent renewal fee of \$400.00 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*.

NAME: _____	LICENSE #: _____
HOME ADDRESS: _____	HOME PHONE: _____
CITY: _____	PARISH: _____
_____	STATE: _____
_____	ZIP: _____
DRIVER'S LICENSE NUMBER: _____	
E-MAIL ADDRESS: _____	
PRIMARY EMPLOYMENT SETTING:	<input type="checkbox"/> Hospital <input type="checkbox"/> Private Practice <input type="checkbox"/> Rehab/Agency <input type="checkbox"/> School <input type="checkbox"/> University <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Employed
PRIMARY EMPLOYER'S NAME: _____	
EMPLOYER'S ADDRESS: _____	
CITY: _____	PARISH: _____
_____	STATE: _____
_____	ZIP: _____
OFFICE PHONE #: (____) _____	FAX: (____) _____
JOB TITLE: _____	
DESCRIPTION OF EMPLOYMENT: _____	

SECONDARY EMPLOYMENT SETTING:	<input type="checkbox"/> Hospital <input type="checkbox"/> Private Practice <input type="checkbox"/> Rehab/Agency <input type="checkbox"/> School <input type="checkbox"/> University <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Secondary Employment Setting
Please list your highest degree in Speech-Language Pathology, Audiology and the college or university that conferred the degree.	
Degree _____	Institution _____
_____	Year _____



1. Has any state rejected your application or revoked or suspended your professional license or certificate? YES _____ NO _____
(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 _____ NO _____
(If yes, attach notarized explanation)
3. Have you ever been charged or convicted of any crime or unprofessional conduct? YES _____ NO _____
(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 _____ NO _____
(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)

Note: If you have previously provided to the Board notarized explanation(s) of such incident(s) and no further information or change of status relative to such incident(s) is available, you do not need to replicate material previously submitted to the Board during the renewal process.

Act # 721 passed by the Louisiana Legislature in the 2003 Regular Session, mandates that State Licensing Boards ask the following questions. The information given is to remain confidential, and will be used to measure and track the supply of licensed professionals for statistical purposes by the Louisiana Department of Labor.

- I am employed or self-employed in SLP/AUD: Part time (less than 36 hrs per week as defined by the Dept of Labor).
Full time (36-40 hrs per week as defined by the Dept of Labor).
- I am employed or self-employed in LA. • I am employed in the profession out of LA.
- I am not employed in the profession of SLP/AUD.

OPTIONAL:

- I graduated with my degree in SLP/AUD in 2009. • I moved to LA and obtained my license in 2009.
- I am: White Black/African American Hispanic Asian Other

List the name and license number of **restricted, provisional and/or assistant licensees** that you supervised during the last fiscal year, July 1, 2009 through June 30, 2010. (Use additional paper if necessary)

1. _____ License #: _____
2. _____ License #: _____

List the names, addresses, employment location and dates of supervision of **audiology or speech-language pathology aides** that you have supervised during the last fiscal year, July 1, 2009 through June 30, 2010. (Use additional paper if necessary)

- Name: _____ Address: _____
Date Beginning Supervision: _____ Date Ending Supervision: _____
- Name: _____ Address: _____
Date Beginning Supervision: _____ Date Ending Supervision: _____

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.)

Personal Signature required: _____ **Date:** _____

Payments may be made via check or credit card. If you wish to pay via credit card, the following information must be completed. **An additional \$3.00 processing charge will be added to the charge amount.**

Name on Card: _____

Card Type: [] Visa [] MasterCard [] Discover

Card Number:

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Expiration Date

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3-digit Security Code (on Back):

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CONTINUING EDUCATION REPORT 2010

Please record your continuing education activities completed during the license period July 1, 2009 through June 30, 2010, in the appropriate categories on the form provided, and **submit with your license renewal** for license year 2010.

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
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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:

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

4. Meetings of related professional organizations (maximum of 10 hrs.)

Licensee's Name: _____

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
5. College courses in area of licensure (3 semester hrs. or 6 quarter hrs. = 10 hrs. of continuing education)	_____	_____	_____	_____
6. Distance learning (video conferences, telephone seminars & Internet courses sponsored by universities, schools, clinics, state agencies, hospitals, or related professional org. (max 10 hrs)	_____	_____	_____	_____
7. Workshops and in-services that are university, school, clinic, hospital or state agency sponsored (max. of 5 hrs. if in related area. 10 hrs. if in area of licensure)	_____	_____	_____	_____
8. Publication of articles in a peer-reviewed journal (max. 5 hrs.)	_____	_____	_____	_____
9. Scientific or educational lectures to include presentations such as poster sessions given by the licensee (max. 5 hrs.)	_____	_____	_____	_____
10. Audio, video and other media from the LBESPA library as well as ASHA-approved and AAA-approved continuing education media (max. 5 hrs.)	_____	_____	_____	_____
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. The workshop will count for the actual hour value for each subsequent presentation of the same workshop.	_____	_____	_____	_____

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

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
12. Reading of journal articles that contain self-examination questions at the end (max. 5 hrs.)	_____	_____	_____	_____
13. Publication of diagnostic and/or therapeutic materials (max. 5 hrs.)	_____	_____	_____	_____
14. 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.....	_____

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 hours collected in June to count backward or forward, i.e., the 2009/2010 collection period or the 2010/2011 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 Affidavit

I, _____, am a licensed speech-language pathologist/audiologist and am retired from the practice of the profession. I did not practice the profession of speech-language pathology and/or audiology from July 1, 2009 through June 30, 2010. 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 complete continuing professional education activities of at least ten (10) clock hours each license period, July 1 through June 30.
- B. 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.
- C. Audiologists who register as dispensing audiologists shall insure that at least three (3) of the total Ten hours are in areas directly related to hearing aid dispensing, such as business/practice management, marketing, aural habilitation/rehabilitation, diagnostic assessment, characteristics of hearing aids and their application, etc.
- D. 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; 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 extenuating circumstances, 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. **Acceptable Continuing Education Sponsors and Activities**
 - 1. Board-sponsored activities (maximum of 10 hours);
 - 2. Workshops in the area of communication disorders sponsored by individual professional practitioners and/or professional organizations such as American Academy of Audiology, American Speech-Language-Hearing Association, Louisiana Speech-Language-Hearing Association, Speech Pathologists and Audiologists in Louisiana Schools, Louisiana Society for Hearing Aid Specialists, etc.(maximum of 10 hours);
 - 3. Activities provided by ASHA-approved continuing education providers or AAA-approved continuing education activities.
 - 4. Meetings of related professional organizations (maximum of 10 hours);

5. College courses in the area of licensure taken for credit or official audit (3 semester hours or 6 quarter hours = 10 hours of continuing education);
6. Distance learning (video conferences, telephone seminars and Internet courses sponsored by universities, schools, clinics, state agencies, hospitals, or related professional organizations.) (maximum of 10 hours);
7. Workshops and in-services that are university, school, clinic, hospital or state agency sponsored (maximum of 5 hours in related area, maximum of 10 hours if in the area of licensure);
8. Publication of articles in a peer-reviewed journal for the year in which they are published (5 hours);
9. Scientific or educational lectures to include presentations such as poster sessions given by the licensee (maximum of 5 hours);
10. Audio, video and other media from the LBESPA library as well as ASHA-approved and AAA-approved continuing education media (maximum 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. The workshop will count for the actual hour value for each subsequent presentation of the same workshop;
12. **Teaching at the college level in the area of communication disorders is not acceptable.**

J. **Pre-Approval Policy** (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 (**minimum of 30 days in advance**) of individually sponsored activities, self-study activities, or other appropriate activities. **A fifty (\$50) fee is required for Corporations or Individuals who are not LBESPA licensees.**
3. 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.
4. 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)
5. Publication of diagnostic and/or therapeutic materials (maximum of 5 hours).

K. **Recording of Continuing Education Activities**

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.