

**2010-2011 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, 2010**. 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.

<b>Renewal Completed between April 15 and June 30, 2010: .....</b>	<b>\$ 65.00</b>
<b>Renewal Completed between July 1 and July 31, 2010. ....</b>	<b>\$130.00</b>
<b>Renewal Completed between August 1 and October 31, 2010 .....</b>	<b>.\$260.00</b>

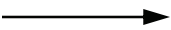
- **Renew Online at [www.lbespa.org](http://www.lbespa.org) and receive your new license card within one week!**
- **Renew by mail and allow 6 (six) weeks for processing.**

Licensees who allow their license to lapse and reinstate between October 31, 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 \$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: _____	
CITY: _____	PARISH: _____	STATE: _____	ZIP: _____
E-MAIL ADDRESS: _____			
DRIVER'S LICENSE NUMBER: _____			
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 and the college or university that conferred the degree.			
Degree _____	Institution _____	Year _____	





## 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 <b>first time</b> 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) <b>NOT</b> 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**

<b>Number of hours in area of licensure.....</b>	_____
<b>Number of hours in related area.....</b>	_____
<b>Number of hours in areas directly related to hearing aid dispensing (if applicable)</b>	_____
<b>TOTAL NUMBER OF CONTINUING EDUCATION HOURS SUBMITTED.....</b>	_____

**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.

\* \* \* \* \*

## 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](http://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);

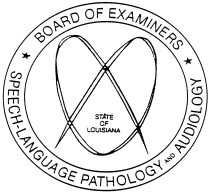
5. College courses in the area of licensure taken for credit or official audit (3 semester hours or 6 quarter hours = 10 hours of continuing education);
6. Distance learning (video conferences, telephone seminars and Internet courses sponsored by universities, schools, clinics, state agencies, hospitals, 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](http://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.



**LOUISIANA  
BOARD OF EXAMINERS  
for  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**



**MEMORANDUM**

**DATE:** April 15, 2010

**TO:** Provisional/Restricted Audiologist and/or  
Provisional/Restricted Speech-Language Pathologist

**FROM:** Louisiana Board of Examiners for Speech-Language Pathology and Audiology  
(LBESPA)

**RE:** **SUPERVISION FORM 100 for the year 2009-2010**

A review of your file indicates that you hold a provisional or restricted license as an audiologist or speech-language 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 speech-language pathologist, licensed in the area in accordance with R.S. 37:2659(A). An individual may not 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 2010. If you are employed in any other setting, the forms should be filed by the end of the fiscal year, June 30, 2010.

**If you have not worked as a provisional or restricted audiologist or a provisional or restricted speech-language pathologist during the period, July 1, 2009 to June 30, 2010, you must submit a notarized statement in lieu of supervision forms.**

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 2010 renewal period until the appropriate supervision form or notarized statement is received.

# SUPERVISION AGREEMENT FORM

<b>Supervisee's Name</b>	<b>License Type</b>	<b>License #</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>
		<b>Zip</b>

**Check the one that applies:**

<input type="checkbox"/> Initial employment: _____ (Date)	<input type="checkbox"/> Change of supervisor(s) _____ (Date)
<input type="checkbox"/> Renewal of a license	<input type="checkbox"/> Addition of supervisor(s) _____ (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 \_\_\_\_\_