



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

37283 SWAMP ROAD, SUITE 3B • PRAIRIEVILLE, LOUISIANA 70769

PHONE: (225) 313-6358 or (800) 246-6050

WWW.LBESPA.ORG

**LICENSURE RENEWAL**

**Fees**

**Single license holders:**

Renewal completed between April 15 and June 30, 2017.....\$ 65.00

Renewal completed between July 1 and July 31, 2017.....\$130.00

Renewal completed between August 1 and October 31, 2017.....\$260.00

**Dual license holders (Audiology and Speech-Language Pathology in LA):**

Renewal completed between April 15 and June 30, 2017.....\$ 90.00

Renewal completed between July 1 and July 31, 2017.....\$180.00

Renewal completed between August 1 and October 31, 2017.....\$360.00

Timely renewals must be submitted by June 30, 2017. Delinquent requests for renewals will be accepted through October 31, 2017. Online renewals are strongly encouraged for fully licensed individuals. Renew online at [www.lbespa.org](http://www.lbespa.org) and receive updated license card within one week. Renewals by mail may take up to six weeks for processing.

Licensees who allow their license to lapse and apply to reinstate between November 1, 2017 and June 30, 2018, 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 and Regulations*.

Anyone wishing to claim inactive status must submit the renewal application, renewal fee and complete the affidavit on the continuing education report form.

**Required Documentation for Renewal:**

All licensees are required to submit a completed renewal form, CE Report form, and submit applicable renewal fee. **ALL DOCUMENTS MUST BE MAILED/SUBMITTED TOGETHER.** If all documents are not received or are not acceptable, the entire renewal packet will be mailed back to you to correct and resubmit.

Additional documents required by license type:

**Provisional SLP:**

- SLP Form 100 reflecting supervision from July 1-date submitted
- NEW Supervision Agreement Form

**Restricted SLP:**

- SLP Form 100 reflecting supervision from July 1-date submitted
- NEW Supervision Agreement Form

**SLP Assistant:**

- SLP Form 200 reflecting supervision from July 1-date submitted
- NEW Supervision Agreement Form

**Provisional SLP Assistant:**

- SLP Form 200 reflecting supervision from July 1-date submitted
- NEW Supervision Agreement Form



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**2017 - 2018 LICENSURE RENEWAL APPLICATION**

Select License Type:

- Audiology       Dual Licensure (Audiology and Speech)       Provisional SLP       Provisional SLP Assistant
- Restricted SLP       Speech-Language Pathology       SLP Assistant

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

Employment in Speech-Language Pathology and/or Audiology (check all that apply):

- Part time (<30 hrs per week)       Full time (30+ hrs per week)
- I am employed or self-employed in LA.       I am employed in the profession **out** of LA.
- I am employed or self-employed in SLP/AUD       I am **not** employed in the profession of SLP/AUD

**FOR SLP SUPERVISORS ONLY:**

List the name and license number of restricted, provisional and/or assistant licensees that you supervised during the last fiscal year, July 1, 2016 through June 30, 2017. (Use additional paper if necessary)

1. \_\_\_\_\_ License #: \_\_\_\_\_
2. \_\_\_\_\_ License #: \_\_\_\_\_
3. \_\_\_\_\_ License #: \_\_\_\_\_

List the names, addresses, employment location and dates of supervision of speech-language pathology **aides** that you have supervised during the last fiscal year, July 1, 2016 through June 30, 2017. (Use additional paper if necessary.)

1. Name \_\_\_\_\_ Address \_\_\_\_\_
- Dates of Supervision    Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Since your last renewal:

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. Do you have any unresolved or pending complaint(s) or disciplinary action against you or your professional licensure? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, attach notarized explanation)
4. Have you voluntarily surrendered your professional license in any state? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, attach notarized explanation)
5. Have you been charged or convicted of any crime or unprofessional conduct? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, attach notarized explanation)
6. To an extent that it impairs your functioning as a speech-language pathologist or audiologist, have you 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)
7. Have you been treated for a drug or alcohol addiction or been a participant in an alcohol or drug treatment or rehabilitation program in which you were monitored or supervised? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, attach notarized explanation)
8. To an extent that it impairs your functioning as a speech-language pathologist or audiologist, have you ever been diagnosed with a mental or emotional disease or condition? 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.

**Your application is NOT considered complete until all supporting documents and fees have been received by the board.**

Renewal applications submitted via fax or email are unacceptable and will be subject to late penalties.

All applicants for licensure have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses on this application may result in denial or other appropriate action.

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 fee will be added to the charge amount.**

**Name on Card:** \_\_\_\_\_

**Card Number:**

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**Expiration Date:**

		—		
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**3-digit Security Code:**

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**REQUIRED:**

**I hereby request that my license to practice in Louisiana be renewed. I affirm that all information provided is true and correct. If you are unable to affirm this statement, you must attach a notarized explanation.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

## CONTINUING EDUCATION REPORT 2017

Please record your continuing education activities completed during the license period **July 1, 2016 through June 30, 2017**, in the appropriate categories on the form provided, and **submit with your license renewal** for license year 2017.

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 course title, sponsor, date and number of hours spent in the following activities. Indicate whether the activity is in the area of licensure or a related area.

**Example:**  
**Speechpathology.com Course 1234 Children and Feeding Tubes**  
**4 Hrs 1/25/2017 In Area**

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
1. LBESPA-sponsored activities:			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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:			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Activities provided by ASHA-approved continuing education providers or AAA-approved continuing education activities:			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
4. Meetings of related professional organizations (e.g. Council for Exceptional Children, Orton Dyslexia Society):			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		
5. College courses in area of licensure (3 semester hours. or 6 quarter hours. = 10 hours of CE):			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		
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):			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		
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:			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		
8. Publication of articles in a peer-reviewed journal for the year which it was published:			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		
9. Audio, video and other media that are ASHA-approved and AAA- approved continuing education media (max of 5 hours)			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		
10. 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 (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.			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		

**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), video tape(s) or DVDs not ASHA or AAA approved (max. 5 hours):			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____		

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 hours): _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
13. Publication of diagnostic and/or therapeutic materials (max. 5 hours): _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14. Self Study or Other pre-approved activities completed: _____ _____	_____ _____	_____ _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**TOTAL NUMBER OF HOURS**

<b>In area of licensure</b> .....	_____
<b>In related area</b> .....	_____
<b>In areas directly related to hearing aid dispensing</b> (if applicable)	_____
<b>TOTAL NUMBER OF CONTINUING EDUCATION HOURS SUBMITTED</b> .....	<input style="width: 80px; height: 25px;" 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 2016/2017 collection period or the 2017/2018 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.

<b><u>Inactive Status Affidavit</u></b>	
<p>I, _____, did not practice the profession of speech-language pathology and/or audiology from July 1, 2016 through June 30, 2017. 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.</p>	
_____ Applicant Signature	_____ Date
<b>*Notarization not required for this purpose*</b>	

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.

<b><u>Affidavit in Lieu of Supervision</u></b>		
<p>I, _____, hold a license that requires SUPERVISION, but did not practice the profession of speech-language pathology from July 1, 2016 through June 30, 2017. 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.</p>		
<p>I certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statement is true and correct.</p>		
_____ Applicant Signature	_____ Date	
_____ Notary	_____ ID#	_____ Date
<b>*Notarization Required*</b>		

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

**LBESPA**  
Towne Park Centre  
37283 Swamp Road, Suite 3B  
Prairieville, Louisiana 70769  
Telephone: 225-313-6358 or 1-800-246-6050  
Website: [www.lbespa.org](http://www.lbespa.org)

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