



LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

37283 SWAMP ROAD, BUILDING 3, SUITE B ■ PRAIRIEVILLE, LOUISIANA 70769
PHONE: (225) 313-6358 or (800) 246-6050

2016 - 2017 RENEWAL APPLICATION

PROVISIONAL & RESTRICTED SPEECH-LANGUAGE PATHOLOGIST
PROVISIONAL SLP ASSISTANTS & SLP ASSISTANTS

Timely renewals must be submitted by June 30, 2016. Delinquent requests for renewals will be accepted through October 31, 2016. Renew online at www.lbespa.org and receive updated license card within one week.

- Renewal Completed between April 15 and June 30, 2016 .....\$ 65.00
Renewal Completed between July 1 and July 31, 2016 ..... \$130.00
Renewal Completed between August 1 and October 31, 2016 ..... \$260.00

Provisional and Restricted Speech-Language Pathologists can now renew online. Supervision documents must be uploaded. Licensees who allow their license to lapse and apply to reinstate between November 1, 2016 and June 30, 2017, 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 completion of the affidavit(s) 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



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

## CONTINUING EDUCATION REPORT 2016

Please record your continuing education activities completed during the license period **July 1, 2015 through June 30, 2016**, in the appropriate categories on the form provided, and **submit with your license renewal** for license year 2016.

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.

<b>Activity</b>	<b>#Hours</b>	<b>Date Mo/Day/Yr</b>	<b>Area of Licensure</b>	<b>Related Area</b>
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1. LBESPA-sponsored activities:

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

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

_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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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 <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.				

**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)	_____
<b>TOTAL NUMBER OF CONTINUING EDUCATION HOURS SUBMITTED.....</b>	<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 2015/2016 collection period or the 2016/2017 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.

### **Inactive Status Affidavit**

I, \_\_\_\_\_, did not practice the profession of speech-language pathology and/or audiology from July 1, 2015 through June 30, 2016. 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.

### **Affidavit in Lieu of Supervision**

I, \_\_\_\_\_, hold a license that requires SUPERVISION, but did not practice the profession of speech-language pathology from July 1, 2015 through June 30, 2016. 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**  
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\*\***

# 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. A supervising speech-language pathologist must have a minimum of one year of full-time professional speech-language pathology experience following the postgraduate professional/employment experience. Full-time employment in a school system for the school year is considered to meet this requirement.

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 observation 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**.

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. ***Licensees must remain under supervision until official notification of licensure upgrade is received.***

<b>Place of Employment:</b>			
<b>Check applicable boxes:</b>	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	
	<input type="checkbox"/> 9 month employee	<input type="checkbox"/> 12 month employee	
	Setting:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private Practice
	<input type="checkbox"/> School	<input type="checkbox"/> University	<input type="checkbox"/> Other: _____

<b><i>On-Site, In-View Monitoring Activities</i></b>	<b>Record the number of on-site, in-view monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.</b>					
ACTIVITY	12-month employees				9-month employees	
	1 <sup>ST</sup> Quarter	2 <sup>ND</sup> Quarter	3 <sup>RD</sup> Quarter	4 <sup>TH</sup> Quarter	1 <sup>ST</sup> Semester	2 <sup>ND</sup> Semester
Screening						
Evaluation						
Therapy						
Family/Parent/Teacher Conferences or Consultations						
<b>TOTAL NUMBER OF ON-SITE, IN-VIEW OBSERVATIONS (WHETHER 12 OR 9 MONTH EMPLOYEE)</b>						
<b>AVERAGE NUMBER OF MINUTES PER SESSION</b>						

<b>Alternative Monitoring Activities</b>		Record the number of alternative monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.				
ACTIVITY	12-month employees				9-month employees	
	1 <sup>ST</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	1 <sup>st</sup> Semester	2 <sup>nd</sup> 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						
<b>TOTAL NUMBER OF ALTERNATIVE MONITORING ACTIVITIES</b> (whether 12 or 9 month employee)						

PERIOD OF SUPERVISION: \_\_\_\_\_ to \_\_\_\_\_  
 (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.**

\_\_\_\_\_  
 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**

37283 Swamp Road, Suite 3B • Prairieville, Louisiana 70769

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

Website: [www.lbespa.org](http://www.lbespa.org) • Email: [aud-slp@lbespa.org](mailto:aud-slp@lbespa.org)



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TOWNE PARK CENTRE • 37283 SWAMP ROAD, SUITE 3B • PRAIRIEVILLE, LOUISIANA 70769  
 TELEPHONE: (225) 313-6358 OR (800) 246-6050  
 WEBSITE: WWW.LBESPA.ORG • EMAIL: AUD-SLP@LBESPA.ORG

# SUPERVISION AGREEMENT FORM

\_\_\_\_\_  
**Supervisee's Name** **License Type** **License #**

**Check the one that applies:**

- Initial employment: \_\_\_\_\_ (Date)  Change of supervisor(s) \_\_\_\_\_ (Date)  
 Renewal of a license  Addition of supervisor(s) \_\_\_\_\_ (Date)  
 Termination of supervision – Supervisor's Name \_\_\_\_\_ 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 a 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.
- A supervising SLP must have a minimum of one year full-time professional SLP experience following the postgraduate professional/employment experience. Full time employment in a school system for the school year is considered to meet this requirement.

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

I attest that I have completed a minimum of one year of full-time professional speech-language pathology experience following the postgraduate professional/employment experience. 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'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 UNDER SUPERVISION UNTIL MY LICENSE HAS BEEN UPGRADED.**

Supervisee's Signature: \_\_\_\_\_ Date \_\_\_\_\_