



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.

Activity	#Hours	Date Mo/Day/Yr	Area of Licensure	Related Area
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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 first time it is presented to allow for preparation time (e.g. 3 hour workshop = 4 ½ 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)	_____
TOTAL NUMBER OF CONTINUING EDUCATION HOURS SUBMITTED.....	<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

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

SAVE THIS FORM

**SUPERVISION FORM FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE
AND PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

This Form is to be completed and mailed to the Board by June 30 of each year.

FORM 200

Month _____ Year _____

Use this form to document your monthly supervision. (Make extra copies for later use.)

At the time of **license renewal**, Speech-Language Pathology Assistants and Provisional Speech-Language Pathology Assistants **MUST** submit a Supervision Form 200 for each month of employment.

Check applicable boxes:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
	<input type="checkbox"/> 9 month employee	<input type="checkbox"/> 12 month employee

We hereby certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the supervision information submitted on this Supervision Form 200 is true and correct.

Supervisor Signature

Supervisee 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

- Only those hours that are directly supervised on-site, in-view may be used to fulfill the on-the-job training requirement. At the time of licensure **renewal** , Speech-Language Pathology Assistants and Provisional Speech-Language Pathology Assistants must submit a form 200 for **each month** of employment.
- Upon completion of the 225 practicum hours, Provisional Speech-Language Pathology Assistants must submit a written request to upgrade their license to a Speech-Language Pathology Assistant License. The written request must be submitted with the Upgrade Fee of **\$30.00** to the Board office at 18550 Highland Road, Suite B, Baton Rouge, Louisiana 70809. This form may be retrieved from our website at www.lbespa.org.