

Speech-Language Pathology/Audiology Licensure Renewal Notice

Your license will expire October 31

Name _____

Address _____

City, State, Zip _____

Email _____

License #: _____

Lic. End Date: 10/31

CEU's Due: 20

Renewal Fee: \$135.00

Fee waived for Military Spouses see below for details

NOTE: ONLY use this application form if NOT using the online renewal process.

Disciplinary/Conviction History:

During this licensure period, has your license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked, or subjected to any disciplinary action, or have you been convicted of a crime by any state or federal court in the United States?

[] No [] Yes (attach explanation)

Continuing Education Attestation:

The following attestation statement regarding continuing education must be signed to renew your license:

By signing this application, I affirm that I have completed the continuing education required by regulation. I understand that an audit will be conducted of a percentage of all applications, and should my application be subject to audit, I will provide all documentation as requested. I understand that my license will not be renewed until all required documentation is reviewed and approved. I also know that falsifying any of this documentation may result in disciplinary action against my license.

Signature _____ Date _____

If NOT renewing please indicate below:

_____ I do not intend to renew my Kansas Speech-Language Pathology or Audiology license at this time because:

(Please return this application to the address below so we can update your records)

Before mailing your renewal application, be sure that you have:

- **Enclosed** a non-refundable fee of \$135 made payable to **KDADS**; or completed and enclosed the authorization form to charge fees to your Visa or Master Card.
- **Answered** the disciplinary question
- **Signed** the continuing education attestation

NOTE: As mentioned above, applications postmarked after 10/31 and before 12/01 can still be processed for renewal if the required CE was obtained by 10/31 but a \$50 late fee must be paid in addition to the \$135 renewal fee. After 11/30, licenses are considered lapsed and would have to be reinstated. The fee for reinstatement is \$270.

Attention: if you are a military spouse who resides or plans to reside in this state due to the assigned military station of the individual's spouse, please complete this paper renewal form and return with a copy of documentation which reflects military affiliation. No Fee will be required at this time, unless after review it has been determine you don't meet the requirements for the fee to be waived.

Submit application materials to:

KDADS.Licensure@ks.gov

or by mail:

Health Occupations Credentialing

503 S Kansas Ave, Suite 300 C

Topeka, KS 66603-3404

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
 HEALTH OCCUPATIONS CREDENTIALING
 CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD

NAME OF INDIVIDUAL: _____

Please Print

As payment of fees for:

Certification CNA/CMA/HHA ONLY
Course # _____
_____ Certified Nurse Aide
_____ Interstate
_____ Certified Home Health Aide
_____ Certified Medication Aide
_____ CMA Renewal
_____ Reschedule State Test
_____ Allied
Fee amount paid _____

Licensing - SLP, Audiology, Diet, Admin, Operator	
Circle Type to Select	enter credential number if known or X if new
Temporary _____	Speech Language Pathologist
Initial/Full _____	Audiologist
Reciprocal _____	Dietitian
Renewal _____	Adult Care Home Administrator
Reinstatement _____	Operator Registration
\$ _____ Fee amount paid *Fees are waived for military spouses*	

FACILITY USE ONLY

FACILITY NAME AND ID FOR CRC: _____

Criminal Record Check - Facility Use Only
Number of names checked: _____
\$10.00 per name _____
Total Paid \$ _____

VISA OR MASTERCARD NUMBER: _____ EXPIRATION _____/_____/_____

PRINTED NAME OF CARD HOLDER (REQUIRED) _____

AUTHORIZED SIGNATURE (REQUIRED) _____

Credit Card company service fee of 3.04% will be added to the total

FOR OFFICE USE ONLY:		
AMOUNT: _____	SERVICE FEE: _____	TOTAL CHARGED _____

TO BE COMPLETED BY ALL LICENSEES WHO SUPERVISE ONE OR MORE ASSISTANTS. NOTE: READ THE ATTACHED COPY OF K.A.R. 28-61-8 TO DETERMINE ASSISTANT STATUS OF ALL SUPPORT PERSONNEL, INCLUDING CERTIFIED AUDIOMETRIC TECHNICIANS AND PARAPROFESSIONALS.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES NOTICE OF SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY ASSISTANT

**To be completed by the supervising Kansas licensed speech-language pathologist or audiologist
Please complete each time there is a change in assistant and/or each time you renew your license.**

A separate form must be submitted for each assistant. Photocopy this form as needed.

The licensure law, KSA 65-6501, defines a speech-language pathology or audiology assistant as an individual who:

- 1) meets minimum qualifications established by the Secretary of Aging and Disability Services, which are less than those required for licensing (see attached KAR 28-61-8)
- 2) does not act independently; and
- 3) works under the direction and supervision of a licensed speech-language pathologist or audiologist. The supervisor must be licensed in the field in which the assistant provides services.

The licensed supervisor is responsible for determining that each assistant under the licensee=s supervision is satisfactorily qualified and prepared for the duties assigned to the assistant.

The licensed supervisor must retain and maintain the following records on file:

- documentation that the assistant possesses a high school diploma or equivalent;
- a record of the assistant's initial training, including the name of the Kansas licensed speech-language pathologist or audiologist who conducted the training, the date and content outline of the training;
- a log of ongoing supervised training indicating at least one hour per month, including the name of the licensed speech-language pathologist or audiologist who conducted the training; the date, time and content outline of training; and
- copies of written evaluations of the assistant=s performance level.

The documentation described above must be provided to the Kansas Department of Health and Environment (the Department) upon departmental staff's request.

The licensed supervisor must provide the following information to the Department regarding each assistant under the licensee's supervision within 30 days of employment of the assistant.

TYPE OR PRINT LEGIBLY

PART 1 SUPERVISOR'S INFORMATION

•Supervisor's license number _____ Expiration date _____

•Supervisor's name _____
Last First MI

•Supervisor's address _____
Street PO Box Apt #

_____ City State Zip

•Supervisor's phone (work) _____ (home) _____

(OVER)

PART 2 ASSISTANT INFORMATION

•Assistant=s Name _____

Last

First

MI

•Assistant=s social security number _____

•Employed by _____

•Employment Location _____

Street

PO Box

City

State

Zip

•Date employment began ____ / ____ / ____

Number of hours working weekly: _____

•Date employment ended ____ / ____ / ____ (If reporting that an assistant no longer works with you)

•Employment setting is: (indicate one)

___ school district/cooperative

___ hospital

___ adult care facility

___ clinic

___ university

___ private practice

___ government health dept.

___ other (specify) _____

•Assistant's highest level of education: (indicate one)

___ high school diploma or equivalent

___ undergraduate college credits

___ bachelor=s degree in _____

___ advanced degree in _____

Has the assistant received training prescribed in KAR 28-61-8(a)?

___ Yes

___ No

•If yes, date training completed ____ / ____ / ____

If no, explain _____

PART 3 LICENSED SUPERVISOR'S SIGNATURE

I do hereby attest that the information supplied in this form is accurate and complete to the best of my knowledge and that I am the person described in this form as the Kansas licensed supervisor. I have read KAR 28-61-8 which regulates speech-language pathology and audiology assistants. The documentation prescribed in KAR 28-61-8 and listed on this form is on file. I further attest that the assistant named in this form will receive ongoing supervised training provided by a Kansas licensed Speech-Language Pathologist or Audiologist for a minimum of one hour per month.

Licensed Supervisor's Signature

Date

Send this completed form to:

KDADS.Licensure@ks.gov

OR

HEALTH OCCUPATIONS CREDENTIALING

503 S Kansas Ave, Suite 300 C

Topeka, KS 66603-3404

28-61-8. ASSISTANTS.

(a) *Each speech-language pathology assistant and each audiology assistant shall meet the following criteria:*

(1) *Have received a high school diploma or equivalent;*
(2) *complete a training program conducted by a Kansas-licensed speech-language pathologist or audiologist. This training shall include the following:*

- (A) *Ethical and legal responsibilities;*
- (B) *an overview of the speech, language, and hearing disorders;*
- (C) *response discrimination skills;*
- (D) *behavior management;*
- (E) *charting of behavioral objectives and recordkeeping;*
- (F) *teaching principles, if applicable to the employment setting; and*
- (G) *other skill training as required by the employment setting; and*

(3) *receive ongoing supervised training by a Kansas-licensed speech-language pathologist or audiologist for at least one hour per month.*

(b) *Any speech-language pathology assistant or audiology assistant may perform the following:*

(1) *Follow documented treatment plans and protocols that are planned, designed, and supervised by a Kansas-licensed speech-language pathologist or audiologist;*

(2) *record, chart, graph, report, or otherwise display data relative to client performance, including hearing screenings, and report this information to a supervising speech-language pathologist or audiologist;*

(3) *participate with a Kansas-licensed speech-language pathologist or audiologist in research projects, public relations programs, or similar activities;*

(4) *perform clerical duties, including preparing materials and scheduling activities as directed by a Kansas-licensed speech-language pathologist or audiologist;*

(5) *prepare instructional materials; and*

(6) *perform equipment checks and maintain equipment, including hearing aids.*

(c) *A speech-language pathology assistant or audiologist assistant shall not perform any of the following:*

(1) *Perform standardized or nonstandardized diagnostic tests, conduct formal or informal evaluations, or provide clinical interpretations of test results;*

(2) *participate in parent conferences, case conferences, or any interdisciplinary team without the presence of a supervising Kansas-licensed speech-language pathologist or audiologist;*

(3) *perform any procedure for which the assistant is not qualified, has not been adequately trained, or is not receiving adequate supervision;*

(4) *screen or diagnose clients for feeding or swallowing disorders;*

(5) *write, develop, or modify a client's individualized treatment plan in any way;*

(6) *assist clients without following the individualized treatment plan prepared by a Kansas-licensed speech-language pathologist or audiologist or without access to supervision;*

(7) *sign any formal documents, including treatment plans, reimbursement forms, or reports. An assistant shall sign or initial informal treatment notes for review and signing by a Kansas-licensed speech-language pathologist or audiologist.*

(8) *select clients for services;*

(9) *discharge a client from services;*

(10) *make referrals for additional services;*

(11) *use a checklist or tabulate results of feeding or swallowing evaluations;*

(12) *demonstrate swallowing strategies or precautions to clients, family, or staff; or*

(13) *represent that person as a speech-language pathologist or audiologist.*

(d) *Each assistant shall be supervised by a Kansas-licensed speech-language pathologist or audiologist. The supervisor shall be licensed to practice in the field in which the assistant is providing services.*

(1) *Each supervisor shall be responsible for determining that the assistant is satisfactorily qualified and prepared for the duties assigned to the assistant.*

(2) *Each supervisor shall obtain, retain, and maintain on file documentation of the assistant's qualifications and training outlined in subsection (a).*

(3) *Only the supervisor shall exercise independent judgment in performing professional procedures for the client. The supervisor shall not delegate the exercise of independent judgment to the assistant.*

(4) A speech-language pathologist or audiologist who holds a temporary license shall not be eligible to supervise assistants.

(e) Each supervisor shall directly supervise at least 10 percent of the assistant=s client contact time. No portion of the assistant=s direct client contact shall be counted toward the ongoing training required in subsection (a). No portion of the assistant=s time performing activities under indirect supervision shall be counted toward client contact time.

(f) *Direct supervision* shall mean the on-site, in-view observation and guidance provided by a speech-language pathologist or audiologist to an assistant while the assistant performs an assigned activity.

(g) *Indirect supervision* shall mean the type of guidance, other than direct supervision, that a speech-language pathologist or audiologist provides to an assistant regarding the assistant=s assigned activities. This term shall include demonstration, record review, and review and evaluation of audiotaped sessions, videotaped sessions, or sessions involving interactive television.

(h) Each supervisor shall, within 30 days of employing an assistant, submit written notice to the department of the assistant=s name, employment location, and verification that the assistant meets the qualifications listed in subsection (a). Each supervisor shall notify the department of any change in the status of an assistant.

(i) Each supervisor shall perform all of the following tasks:

(1) Develop a system to evaluate the performance level of each assistant under the licensee=s supervision;

(2) retain and maintain on file documentation of the performance level of each assistant supervised; and

(3) report to the department at the time of the supervisor=s license renewal, on a department-approved form, the name and employment location of each assistant.

(Authorized by K.S.A. 65-6503; implementing K.S.A. 65-6501; effective Dec. 28, 1992; amended March 16, 2001; amended April 16, 2010.)