

# Speech-Language Pathology/Audiology Licensure Renewal Notice

**Your license will expire October 31, 2020. Renewal materials must be postmarked by October 31, 2020 to avoid a \$50.00 late fee.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

License #: \_\_\_\_\_

Lic. End Date: 10/31/2020

CEs Due: See Instruction Sheet

Renewal Fee: \$135.00

**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 10-31-2020 and before 11-30-2020 can still be processed for renewal if the required CE was obtained by 10-31-2020 but a \$50 late fee must be paid in addition to the \$135 renewal fee. After 11-30-2020, licenses are considered lapsed and would have to be reinstated. The fee for reinstatement is \$270.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION  
HEALTH OCCUPATIONS CREDENTIALING

## CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD

This charge is for: \_\_\_\_\_

Please Print Facility Name / Name of individual for Certification or Licensing

### As payment of fees for:

SELECT APPROPRIATE OPTION

Certification	
Course #: _____	
_____	Certified Nurse Aide
_____	Certified Home Health Aide
_____	Certified Medication Aide
_____	Reschedule State Test
\$ _____	Fee amount paid

Criminal Record Check		
Number of		
names checked:	x \$10.00 per name = \$	Total paid

Licensing		
Credential #	_____	Speech-Language Pathology
	_____	Audiology
	_____	Dietitian
	_____	Adult Care Home Administrator
	_____	Operator Registration
\$ _____	Fee	amount paid

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

VISA Card number (required) \_\_\_\_\_

Expiration Date (required) \_\_\_\_\_

OR

MASTERCARD Number (required) \_\_\_\_\_

Expiration Date (required) \_\_\_\_\_

\_\_\_\_\_  
Name of Cardholder (required)

\_\_\_\_\_  
Signature (required)

FOR OFFICE USE ONLY:

AMOUNT \_\_\_\_\_

SERVICE FEE \_\_\_\_\_

TOTAL CHARGED \_\_\_\_\_

## LICENSE RENEWAL INSTRUCTIONS

Enclosed is your Kansas speech-language pathology and/or audiology licensure card which verifies your license until expiration October 31. At least thirty days prior to expiration of your license the department will mail A renewal reminder to the address on file.

**CONTINUING EDUCATION HOURS REQUIRED:** To renew your license, accumulate continuing education as outlined in the provisions of Kansas Administrative Regulations (KAR) 28-61-5. Each licensee whose license period is 20 to 24 months is required to obtain 20 hours of CE between the effective and expiration date of the license.

**Pro-Rated Continuing Education Hours**

Each licensee whose *initial licensure period is less than 20 months* is required to obtain not less than one hour of CE for each month in the initial licensure period.

Month in which license was issued	Total CE hours required for renewal
Nov (exp 10/31 2 yrs later-24 mo license)	20 hrs
Dec (23 month license)	20 hrs
Jan (22 month license)	20 hrs
Feb (21 month license)	20 hrs
Mar (20 month license)	20 hrs
Apr (19 month license)	19 hrs
May (18 month license)	18 hrs
June (17 month license)	17 hrs
July (16 month license)	16 hrs
Aug (15 month license)	15 hrs
Sept (14 month license)	14 hrs
Oct (13 month license)	13 hrs

**METHODS FOR EARNING CE:** Please refer to the *Methods for Earning Continuing Education* sheet enclosed. For a listing of approved continuing education programs and approved continuing education sponsorships visit our website at [www.kdads.ks.gov](http://www.kdads.ks.gov).

**CE TRANSCRIPT FORM & RECORD KEEPING REQUIREMENTS:** It is the licensee's responsibility to maintain records of continuing education. A Continuing Education Transcript (CET) is on the back of this form to assist you in tracking your CE. You must keep all CE documents (certificates, course content, objectives, time-frame agenda) Your renewal will be subject to audit at the time of renewal according to department procedures. A copy of the **allowable Content and Objectives** is printed on the back of the *Methods for Earning Continuing Education* sheet.

**PRIOR KDADS APPROVAL MAY BE REQUESTED FOR UPCOMING PROGRAMS:** If a program is not already KDADS approved the licensee may request prior approval. The *Program Application for Prior Approval* form along with supporting documents must be received by KDADS three weeks prior to the program. Prior approval is NOT required.

**CONTACT INFORMATION:** For licensure questions please contact Wendy Davis at 785/296-0061 or via email at [wendy.davis@ks.gov](mailto:wendy.davis@ks.gov)

Kansas Department for Aging and Disability Services  
 Continuing Education Transcript  
 Kansas Speech-Language Pathology/Audiology License

**This form may be used as a tool to track your continuing education for  
 the next renewal period**

A full license, initial and reciprocity, will expire on October 31 of the year that is less than two years from issuance. Thereafter, the license will expire biennially. Acquisition of 20 hours of CE (30 hours for dual licensure) and the renewal fee of \$135.00 will be required to renew. **Note:** Each licensee whose initial licensure period is less than 20 months shall be required to obtain not less than one hour of continuing education for each month in the initial licensure period (not less than one and one quarter hrs of continuing education for each month for those holding a dual license).

License # \_\_\_\_\_ Name \_\_\_\_\_  
other last name used

Licensure Period From \_\_\_\_\_ To \_\_\_\_\_

KDADS Approval Number ONLY required if program was pre-approved. If not, leave this column blank.	PROGRAM TITLE	SPONSOR	DATE	CLOCK HOURS
<b>TOTAL</b>				



## **CONTENT AND OBJECTIVE OF CONTINUING EDUCATION ACTIVITIES**

### **Speech-Language Pathology and Audiology**

**Basic Communication Processes:** Normal Development and Use of Speech-Language and Hearing including but not limited to:

- anatomic and physiologic bases of the normal development and use of speech, language and hearing.
- physical bases and processes of the production and perception of speech, language and hearing.
- linguistic and psycholinguistic variables related to normal development and use of speech, language and hearing.
- technical, bromedical, engineering and instrumentation information.

**Professional Areas:** Disorders of Speech, Language and Hearing including but not limited to:

- various types of communication disorders, their manifestations, classifications and causes.
- evaluation skills, including procedures, techniques and instrumentation for assessment.
- management procedures and principles in habilitation and rehabilitation of communication disorders.

**Related Areas:** Understanding human behavior, both normal and abnormal, services available from related professions which apply to practice of speech-language pathology, audiology or both including but not limited to:

- theories of learning and behavior
- services available from related professions dealing with persons having disorders of communication.
- information about professions concerning sensory, physical, emotional, social or intellectual states of children or adults.
- general principles of program management, professional ethics, clinical supervision, counseling and interviewing.

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

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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:  
HEALTH OCCUPATIONS CREDENTIALING  
503 S KANSAS AVE  
TOPEKA KS 66603

**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.)**