

# BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

## 2017 LICENSE RENEWAL

ARE YOU BILINGUAL? YES \_\_\_ NO \_\_\_ IF YES, PLEASE LIST LANGUAGES IN WHICH YOU PRACTICE

1. \_\_\_\_\_ 2. \_\_\_\_\_

Name: \_\_\_\_\_  
First Last Social Security #

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_

Work Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**OKLAHOMA INCOME COMPLIANCE NOTICE: Title 68, Section 238.1 of the Oklahoma statutes prohibits the Board from renewing your license if, at the time you make application for renewal, the Oklahoma Tax Commission has determined that you are non-compliant with the Oklahoma income tax laws.**

License Number	Renewal Fee	Late Fee
Speech License# _____	[ ] \$85	+ 42.50 per month times ___ months= \$ _____
Speech Assistant License# _____	[ ] \$85	+ 42.50 per month times ___ months= \$ _____
Audiology License# _____	[ ] \$85	+ 42.50 per month times ___ months= \$ _____
Audiology Assistant License# _____	[ ] \$85	+ 42.50 per month times ___ months= \$ _____

Assistant's Supervisor Name: *(Please print)* \_\_\_\_\_ License # \_\_\_\_\_

After December 31, 2016 the RENEWAL LATE FEE IS **\$42.50 PER MONTH UP TO THE AMOUNT OF \$255.00**  
There is a \$25.00.CHARGE ON RETURNED CHECKS

List below the name or names of persons working under your supervision as a CEY INTERN or ASSISTANT

1. \_\_\_\_\_ License # \_\_\_\_\_ 2. \_\_\_\_\_ License # \_\_\_\_\_

All supervision must be PRE-APPROVED by the Board through an application process. A Licensee may supervise no more than two such persons at one time.

**Your return envelope must be postmarked on or before DECEMBER 31, 2016. NO GRACE PERIOD.**  
**Send form and check to:**

Board of Examiners for Speech-Language Pathology and Audiology  
P.O. Box 53592  
Oklahoma City, OK 73152

Phone: (405) 524-4955  
Fax: (405) 524-4985  
E-mail: amy.hall@obespa.ok.gov

**YOU MUST COMPLETE BOTH PAGES!!**

*DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY*

Received: \_\_\_\_\_  
DATE AMOUNT CHECK NO. CHECK DATE

Action: [ ] Renewed [ ] Card Mailed \_\_\_\_\_ [ ] Directory Revised \_\_\_\_\_

# BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

## 2017 LICENSE RENEWAL

**All licensees must complete the statements below (except for Audiology Assistants):**

**I will have completed \_\_\_\_\_ CE hours for 2015 & 2016 by December 31st, 2016.  
I understand that there will be a random audit of all licensees and that I may be asked to provide additional information upon request. (You will be audited if this is left blank.) Your signature is required.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE SPEECHLANGUAGE PATHOLOGY OR AUDIOLOGY IN ANOTHER STATE OR COUNTRY? \_\_\_\_\_**

**IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.**

**2. HAVE YOU EVER HAD YOUR LICENSE OR CERTIFICATE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY IN ANOTHER STATE OR COUNTRY SANCTIONED, INCLUDING BUT NOT LIMITED TO REVOCATION, REPRIMAND, SUSPENSION, FINE, ADDITIONAL REQUIREMENTS FOR SUPERVISION, ACADEMIC COURSEWORK, OR ANY OTHER DISCIPLINARY ACTION? \_\_\_\_\_**

**IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE. (INCLUDE RELEVANT DATES.)**

**3. HAVE YOU EVER BEEN FOUND GUILTY OF UNPROFESSIONAL CONDUCT? \_\_\_\_\_**

**IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.**

**4. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDERE TO A FELONY OR TO A CRIME INVOLVING MORAL TURPITUDE? \_\_\_\_\_**

**IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.**

**5. I UNDERSTAND THAT I AM RESPONSIBLE TO READ AND FOLLOW ALL STATUES AND RULES OF PRACTICE OF THE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY.**

**I attest that all statements on this renewal form have been completed truthfully.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**