

OKLAHOMA STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY
P.O. Box 53592
Oklahoma City, OK 73152
405-524-4955 or toll free 1- 866) 840-2774

APPLICATION FOR AUDIOLOGY ASSISTANT

All blanks must be filled in. You will also need to supply your transcript and citizenship form.

1. NAME OF PROPOSED ASSISTANT _____

2. HOME ADDRESS _____ CITY _____ STATE _____

3. HOME PHONE: _____ WORK PHONE: _____ CELL _____

4. _____
BIRTH CITY _____ BIRTH STATE _____

5. E-MAIL ADDRESS: _____ SOCIAL SECURITY # _____

6. NAME OF PROPOSED SUPERVISOR _____ OK LICENSE # _____ PHONE # _____

7. NAME OF EMPLOYER: _____

8. ADDRESS OF EMPLOYER: _____
STREET NUMBER _____ PHONE _____
CITY _____ STATE _____ ZIP CODE _____

9. IS THIS THE WORK SITE FOR BOTH THE SUPERVISOR AND THE ASSISTANT: _____
IF NO, WHERE IS THE WORK LOCATION? _____

10. PROPOSED STARTING DATE OF SUPERVISED ASSISTANT: _____

11. OUTLINE PROPOSED ASSISTANT'S ACADEMIC TRAINING:

12. OUTLINE PROPOSED ASSISTANT'S CLINICAL EXPERIENCE:

13. SPECIFIC DUTIES AND RESPONSIBILITIES TO BE ASSIGNED TO THE PROPOSED ASSISTANT:

15. AMOUNT AND NATURE OF SUPERVISION AVAILABLE TO THE PROPOSED ASSISTANT:

16. NAMES OF ASSISTANTS CURRENTLY ASSIGNED TO THIS SUPERVISOR:

17. ATTACH THE FEE OF \$85.00. NO ACTION WILL BE TAKEN BY THE BOARD UNTIL THE FEE IS REMITTED. IN THE EVENT THAT THE BOARD REFUSES TO AUTHORIZE THIS PROPOSED ASSISTANT, THE FEE WILL BE FORTEITED.

18. I HAVE READ AND WILL FOLLOW THE RULES, STATUTES AND GUIDELINES FOR AUDIOLOGY ASSISTANTS. TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT.

SIGNATURE OF PROPOSED ASSISTANT DATE

SIGNATURE OF PROPOSED SUPERVISOR LICENSE # DATE

ATTACH A SIGNED, RECENT PHOTO OF ASSISTANT
HERE. INDICATE DATE OF PHOTO

ATTACH CHECK HERE.
DO NOT USE TAPE!
(FEE \$ 85.00)

STATE OF _____ :

COUNTY OF _____ :

Subscribed and sworn to before me this _____ day of _____, 20 ____.

My Commission expires _____ My Commission number _____

SEAL Notary Public