

**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 LICENSURE AS A  
SPEECH-LANGUAGE PATHOLOGY 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. TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT. I AGREE TO FOLLOW ALL RULES AND STATUTES.

\_\_\_\_\_  
SIGNATURE OF PROPOSED ASSISTANT                      DATE

\_\_\_\_\_  
SIGNATURE OF PROPOSED SUPERVISOR      LICENSE #                      DATE

ATTACH A SIGNED, RECENT PHOTOOF 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