

**OKLAHOMA STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

**P.O. Box 53592
Oklahoma City, OK 73152
(405) 524-4955 or toll free (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:** _____

2. _____
HOME ADDRESS CITY STATE ZIP

3. **HOME PHONE:** _____ **CELL:** _____

4. _____
DATE OF BIRTH CITY OF BIRTH STATE OF BIRTH

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

6. _____
NAME OF SUPERVISOR OK LICENSE # PHONE #

7. **NAME OF EMPLOYER:** _____

8. **ADDRESS OF EMPLOYER:** _____
STREET NUMBER CITY

STATE ZIP CODE PHONE

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 ASSISTANT'S ACADEMIC TRAINING:

12. OUTLINE ASSISTANT'S CLINICAL EXPERIENCE:

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

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

16. NAMES OF PERSONS CURRENTLY ASSIGNED TO THIS SUPERVISOR:

_____ CEY _____ ASSISTANT _____

_____ CEY _____ ASSISTANT _____

17. PLEASE ANSWER THE FOLLOWING QUESTIONS:

A. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGY ASSISTANT OR AUDIOLOGY ASSISTANT IN ANOTHER STATE OR COUNTRY? _____

IF YES, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE PAGE.

B. HAVE YOU EVER HAD A SANCTION REGARDING YOUR LICENSE OR CERTIFICATE TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGY ASSISTANT OR AUDIOLOGY ASSISTANT INCLUDING BUT NOT LIMITED TO REVOCATION, REPRIMAND, SUSPENSION, FINE, ADDITIONAL REQUIREMENTS FOR SUPERVISION, ACADEMIC COURSEWORK OR ANY OTHER DISCIPLINARY ACTION? _____

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

C. HAVE YOU EVER BEEN FOUND GUILTY OF UNPROFESSIONAL CONDUCT? _____

IF YES, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE PAGE.

D. HAVE YOU EVER PLEAD GUILTY TO OR BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE PAGE.

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

SIGNATURE OF ASSISTANT DATE

SIGNATURE OF SUPERVISOR LICENSE # DATE

ATTACH PASSPORT PHOTO OF ASSISTANT
HERE. INDICATE DATE OF PHOTO

ATTACH CHECK HERE.
DO NOT USE TAPE!

SEAL

STATE OF _____ :
COUNTY OF _____ :

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

My Commission expires _____ My Commission number _____

Notary Public

ATTACH PAYMENT 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 ASSISTANT, THE FEE WILL BE FORTEITED.

Oklahoma Board of Examiners for Speech-Language Pathology and Audiology

Guidelines for Licensure of Audiology Assistants

You and your supervisor need to study and retain a copy of these licensure guidelines for your personal files.

The Board shall consider on an individual basis the request of each applicant for an assistant license. Before granting a license the Board will consider the applicant's academic training and clinical experience, specific duties and responsibilities, and amount and nature of the applicant's supervision. The Board retains the power to determine whether or not an applicant has completed all requirements.

Section 690:10-7-2 Titles to be used by assistants

The speech-language pathology or audiology assistant may not use any title included in of Section 1603 of the Speech-Language Pathology and Audiology Licensing Act. The Assistant may use only the titles "Speech-Language Pathology Assistant", "Audiology Assistant" or "Speech-Language Pathology and Audiology Assistant", depending upon the area(s) in which the assistant is licensed.

Section 690:10-7-4 Representation of Assistant Licensure

The assistant is not authorized to represent himself or herself as an independent practitioner of speech-language pathology or audiology. Preparation or distribution of announcements of practice, independent telephone listings, or other such notices shall be in violation of the license as a Speech-Language Pathology or Audiology Assistant and will lead to automatic revocation of such license.

Section 690:10-7-5 Application for Assistant License

Application for licensure as a Speech-Language Pathology or Audiology Assistant shall be made by submitting to the Board the Application for Licensure as a Speech-Language Pathology or Audiology Assistant as available from the Board, signed by both the applicant and supervisor, and notarized. The application must indicate that the supervisor agrees to supervise the assistant's practice and that the supervisor accepts full and complete responsibility for that practice.

Section 690:10-7-6 Period of Licensure

Licensure as a Speech-Language Pathology or Audiology Assistant shall be for a period of one (1) calendar year from January 1 to December 31st of that year.

Application Considerations:

(1). Academic Training

Academic requirements for Audiology Assistants: Each audiology assistant applicant shall hold not less than a high school degree or its equivalent.

(2). Clinical Training

Training is provided by the Audiology supervisor.

(3). Specific Duties and Responsibilities

The role of the Audiology Assistant is to provide support for the audiologist by performing routine tasks and duties in order that the audiologist may concentrate on the more complex evaluative, diagnostic, management, counseling, rehabilitative or treatment activities that constitute the core practice of Audiology. As such, the Audiology Assistant should not be assigned any duties that are considered, by law, to constitute the core practice of Audiology.

According to Section 1603, (10) of the Speech Pathology and Audiology Licensing Act, the Practice of Audiology refers to the “rendering, or offering to render, to any person or the public, the evaluation, examination, counseling or rehabilitation of or for persons who are suspected of having a hearing disorder”. With this understanding, applications for authorization to practice as an Audiology Assistant should **not** include the assignment of duties and responsibilities that involve the following. The following list of proscribed duties or responsibilities is not intended to be inclusive or exhaustive.

Proscribed Duties:

Applications Assistant should **not** include any duties or responsibilities that involve:

- (1) May not perform diagnostic tests, formal or informal evaluations or interpret diagnostic test results.
- (2) May not evaluate or diagnose patients/clients for auditory or auditory related disorders.
- (3) May not participate in patient counseling without the presence or prior approval of the supervising audiologist.
- (4) May not write, develop, or modify a patients/client’s treatment plan in any way.
- (5) May not assist with patients/clients without following the treatment plan prepared by the audiologist or without access to supervision.
- (6) May not sign any formal documents not drafted and/or specifically approved by the audiologist prior to dissemination of the document.

Acceptable Duties:

The following list of duties and responsibilities is **not** intended to be exhaustive or inclusive. The allowed activities of the Audiology Assistant as delegated by the supervising Audiologist.

- (1) Assist the audiologist with screenings of auditory function.
- (2) Assist with informal documentation as directed by the audiologist.
- (3) Follow documented treatment plans or protocols developed by the supervising audiologist.
- (4) Document patient/client performance.
- (5) Assist the audiologist with assessment of patient/clients.
- (6) Assist with clerical duties.
- (7) Perform checks and maintenance of diagnostic equipment as well as hearing aids, amplification systems, and other assistive devices.
- (8) Support the audiologist in research projects, in service training, and public relations programs.
- (9) Collect data for monitoring quality improvement.
- (10) Exhibit compliance with regulations, reimbursement requirements and audiology assistant’s job responsibilities.
- (11) Provide explanations of the proper care of amplification and assistive listening devices.

(4). Amount and Nature of the Supervision

For Audiology Assistants, direct supervision is required when the assistant is performing activities involving direct patient care. Direct supervision requires the supervising audiologist to be present on-site for supervision and guidance of the assistant. Indirect supervision of the audiology assistant is permissible when the audiology assistant is performing duties or activities that do not involve direct patient care. Indirect supervision requires the supervising audiologist to be available for instruction or guidance but does not require the supervising audiologist to be present on-site.

(5). Number of Assistants Assigned to the Supervisor

According to Section 690:10-7-7, authorization as an Audiology assistant “shall be granted to applicants who otherwise qualify only if the supervisor is a licensed independent practitioner. Each supervisor shall accept no more than two assistants under this rule.”