

# BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY DEACTIVATION FORM

## 690:10-9-7. Inactive status fee

A one-time fee of twenty-five dollars (\$25.00) shall be charged a licensed speech-language pathologist, audiologist, or speech-language pathology assistant to place the license on inactive status, provided that, prior to expiration of the license, the licensee makes written application to the Board for such status. Thereafter, the licensee may reactivate the license upon payment of a reactivation fee equal to one and one-half (1 1/2) times the current license renewal fee. A licensee must be in compliance with Continuing Education requirements to be placed on inactive status, and must maintain compliance while inactive. During the period of time the license is on inactive status, the licensee shall not engage in the practice of speech-language pathology or audiology in the State of Oklahoma, unless the licensee is exempt from licensure pursuant to 59 O.S. 1604. A license may be maintained in inactive status for no longer than ten years.

**PRACTICING WITHOUT A LICENSE IS A VIOLATION OF THE OKLAHOMA STATUTES.**

**Very important!! Provide the following information, for our database:**

**Notify this office immediately of any change of address, telephone or professional status.**

**Please Print Clearly**

Name _____	Business _____
Address _____	Address _____
State _____	State _____
City _____ Zip _____	City _____ Zip _____
e-mail _____	e-mail _____

INCLUDE LICENSURE #	DEACTIVATE
Speech Pathology License No. _____	<input type="checkbox"/> \$25.00
Speech-Language Pathology Assistant License No. _____	<input type="checkbox"/> \$25.00
Audiology License No. _____	<input type="checkbox"/> \$25.00
Audiology Assistant License No. _____	<input type="checkbox"/> \$25.00

Any question you have regarding licensure should be directed 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  
website: www.obespa.ok.gov**

**Please send overnight mail to physical address of 3700 N. Classen, Ste. 248, Oklahoma City, OK 73118**

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

Received: \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK NO. \_\_\_\_\_  
Action:  Deactivated  Directory Revised \_\_\_\_\_

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

**All licensees must complete the statements below:**

**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**

**All licensees must complete the statements below:**

**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 form have been completed truthfully.**

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

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