

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY
PO BOX 53592
OKLAHOMA CITY, OK 73152**

APPLICATION FOR FULL LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST

SPEECH-LANGUAGE PATHOLOGIST \$85.00

AUTHORIZATION FOR SUPERVISED PRACTICE (CEY)

SPEECH-LANGUAGE PATHOLOGIST \$85.00

TYPE OR PRINT CLEARLY: (COMPLETE EVERY SECTION)

SECTION I -- IDENTIFYING INFORMATION

NAME _____ **SOC. SEC.** _____
LAST, FIRST MIDDLE/ MAIDEN

NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE _____

ADDRESSES: (CHECK PREFERRED MAILING ADDRESS)

HOME _____
STREET CITY STATE ZIP

COMPANY NAME _____

WORK _____
STREET CITY STATE ZIP

PHONE NUMBERS: (PLEASE INCLUDE AREA CODE)

HOME _____ **CELL** _____ **WORK** _____

E-MAIL ADDRESS _____ **FAX** _____

BIRTHPLACE _____ **BIRTHDATE** _____
CITY/STATE MONTH/DAY/YEAR

ATTACH RECENT PASSPORT PHOTO HERE.

ATTACH CHECK HERE.
DO NOT USE TAPE!
(CEY FEE \$ 85.00),
(FULL LICENSURE FEE \$ 85.00)

HIGHER EDUCATION

COLLEGE/UNIVERSITY	DATES	MAJOR/MINOR	DEGREE AND DATE

SECTION II -- APPLICATION STATUS

**IF YOU HAVE NOT COMPLETED THE ASHA CERTIFICATION REQUIREMENTS (i.e., DO NOT HOLD A CURRENT CCC IN YOUR SPECIALIZATION AREA):
BUT**

A. YOU HAVE COMPLETED AT LEAST A MASTER DEGREE AT AN ACADEMIC INSTITUTION THAT WAS ASHA ACCREDITED AT THE TIME THE DEGREE WAS CONFERRED:

1. _____ Submit the Academic Preparation and Clinical Preparation – Verification for Licensure Application form completed and verified by the current Program Director at the academic institution.
2. _____ Have official transcripts of all relevant undergraduate and graduate education forwarded to the Board **DIRECTLY** from the colleges/universities where the work was done.

OR

B. YOU HAVE COMPLETED AT LEAST A MASTERS DEGREE AT A NON-ACCREDITED INSTITUTION THAT SATISFIES THE REQUIREMENTS FOR ACADEMIC PREPARATION AND CLINICAL PRACTICUM:

1. _____ Submit Academic Preparation Worksheet and Clinical Practicum Clock Hours forms, complete with applicable academic course and practicum clock hour information, and verified by the Program Director at the academic institution. (These forms may be requested from the Board office, if needed.)
2. _____ Have official transcripts of all relevant undergraduate and graduate education forwarded to the Board **DIRECTLY** from the colleges/universities where the work was done.

C. HAVE YOU SUCCESSFULLY COMPLETED THE EQUIVALENT OF NINE MONTHS OF FULL-TIME PAID CLINICAL EXPERIENCE? _____

**IF YES, YOU MUST SUBMIT A COPY OF THE REPORT OF THE CLINICAL EXPERIENCE.
IF NOT, YOU MUST SUBMIT A PLAN FOR CLINICAL EXPERIENCE AND A NOTARIZED LETTER OF AGREEMENT FOR SUPERVISED PRACTICE.**

D. HAVE YOU COMPLETED THE AREA EXAMINATION IN SPEECH-LANGUAGE PATHOLOGY OR THE AREA EXAMINATION IN AUDIOLOGY OF THE NATIONAL TEACHER EXAMINATION PRAXIS SERIES? _____

**IF YES, WHICH AREA? _____
YOUR SCORE ON THE APPROPRIATE EXAMINATION MUST BE FORWARDED TO THE BOARD **DIRECTLY** BY THE EDUCATIONAL TESTING SERVICE, PRINCETON, NEW JERSEY.**

E. ARE YOU APPLYING FOR LICENSURE AS A LICENSE HOLDER IN A STATE OR COUNTRY WITH SUBSTANTIALLY EQUIVALENT LICENSURE REQUIREMENTS? _____
LICENSURE STATE _____ LICENSE # _____ EXPIRATION DATE _____

IF YES, ATTACH A PHOTOCOPY OF YOUR LICENSE AND A COPY OF THE LICENSURE REQUIREMENTS. YOU MUST ALSO REQUEST THAT VERIFICATION OF YOUR LICENSURE STATUS BE FORWARDED DIRECTLY TO THE BOARD FROM THAT AGENCY.

F. ARE YOU APPLYING FOR LICENSURE AS A CURRENT HOLDER OF THE ASHA CCC IN YOUR AREA OF SPECIALIZATION? _____

IF YES, VERIFICATION OF YOUR CURRENT CERTIFICATION STATUS MUST BE FORWARDED TO THE BOARD DIRECTLY FROM ASHA.

SECTION III -- PERSONAL/LICENSURE STATUS

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

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

2. HAVE YOU EVER HAD A SANCTION REGARDING YOUR LICENSE OR CERTIFICATE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY 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.)

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

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

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

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

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

[Print Applicant's Name]

STATE OF OKLAHOMA)

) ss:

COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath states, under penalty of
[Applicant's Name]

perjury, as follows: I attest that all statements in this application have been completed truthfully.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____, by

[Applicant]

My Commission Expires: _____

NOTARY SIGNATURE

(Seal)

SECTION IV – REFERENCES

A MINIMUM OF THREE (3) AND A MAXIMUM OF FIVE (5) REFERENCES FROM SPEECH-LANGUAGE PATHOLOGISTS OR AUDIOLOGISTS WHO THEMSELVES ARE LICENSED OR LICENSABLE SHALL BE REQUIRED IN SUPPORT OF EACH APPLICANT.

NOTE: SUCH REFERENCES MUST BE FROM INDIVIDUALS LICENSABLE IN THE SAME PROFESSIONAL AREA (SPEECH PATHOLOGY OR AUDIOLOGY) IN WHICH THE APPLICANT SEEKS A LICENSE. BOARD MEMBERS SHALL NOT SERVE AS A REFERENCE FOR APPLICANTS.

NAME _____
TELEPHONE _____

ADDRESS _____
CITY STATE ZIP

NAME _____
TELEPHONE _____

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