

**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 1-(866) 840-2774

APPLICATION TO ASSIST

1. NAME OF PROPOSED ASSISTANT _____
2. HOME ADDRESS _____

CITY STATE ZIP CODE
3. HOME PHONE: _____ WORK PHONE: _____ CELL _____
4. BIRTHDATE _____ SOCIAL SECURITY # _____
5. NAME OF PROPOSED SUPERVISOR _____ OK LICENSE # _____
6. NAME OF EMPLOYER:

7. ADDRESS OF EMPLOYER:

STREET NUMBER

CITY STATE ZIP CODE
8. IS THIS THE WORK SITE FOR BOTH THE SUPERVISOR AND THE ASSISTANT: _____
IF NO, WHERE IS THE WORK LOCATION? _____
9. PROPOSED STARTING DATE OF SUPERVISED ASSISTANT: _____
10. AREA OF SUPERVISION: _____ SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY
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:

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

15. NAMES OF ASSISTANTS CURRENTLY ASSIGNED TO THIS SUPERVISOR:

16. 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 FORTEITTED.

17. 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 RECENT PHOTO HERE.

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

STATE OF _____:

COUNTY OF _____:

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

My commission expires _____ My Commission number _____

Notary Public SEAL here.