

OKLAHOMA STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY
P.O. Box 53592
Oklahoma City, OK 73152
405-524-4955 or 1- 866) 840-2774

APPLICATION TO ASSIST

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 _____
3. _____
CITY STATE ZIP CODE
4. HOME PHONE: _____ WORK PHONE: _____ CELL _____
5. E-MAIL ADDRESS: _____ SOCIAL SECURITY # _____
6. BIRTHDATE _____ BIRTH CITY _____ BIRTH STATE _____
7. NAME OF PROPOSED SUPERVISOR _____ OK LICENSE # _____
8. NAME OF EMPLOYER: _____
9. ADDRESS OF EMPLOYER: _____
CITY STATE ZIP CODE
10. IS THIS THE WORK SITE FOR BOTH THE SUPERVISOR AND THE ASSISTANT: _____
11. IF NO, WHERE IS THE WORK LOCATION? _____
12. PROPOSED STARTING DATE OF SUPERVISED ASSISTANT: _____
13. AREA OF SUPERVISION: _____ SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY
14. OUTLINE PROPOSED ASSISTANT'S ACADEMIC TRAINING:

15. OUTLINE PROPOSED ASSISTANT'S CLINICAL EXPERIENCE:

16. 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 \$75.00. 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.

SIGNATURE OF PROPOSED ASSISTANT DATE

SIGNATURE OF PROPOSED SUPERVISOR LICENSE # DATE

ATTACH A SIGNED, RECENT PHOTO OF ASSISTANT
HERE. INDICATE DATE OF PHOTO

ATTACH CHECK HERE.

DO NOT USE TAPE!
(FEE \$ 75.00)

STATE OF _____ :

COUNTY OF _____ :

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

My Commission expires _____ My Commission number _____

SEAL Notary Public