

BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
P.O. BOX 53592,
OKLAHOMA CITY, OK 73152

To be filled out by applicant:

Name _____

Applying for licensure in _____ Speech-Language Pathology
_____ Audiology

Reference instructions:

The above-named applicant for licensure to practice speech-language pathology and /or audiology in the State of Oklahoma has given your name as one who could attest to his or her background. Would you kindly write below your evaluation of this applicant, being sure to include information on the nature and duration of your relationship, and your assessment of the applicant's general level of professional competence, training, ethics, and moral character. Please be assured that all information will be held in strict confidence.

You may use the back of this form and additional pages if necessary. Return the reference to the Board of Examiners for Speech Pathology and Audiology.

Signature

Date of ref. _____

Please print of type:

Title of Position _____

ASHA # _____ State Lic# _____

NAME _____

PROFESSIONAL ADDRESS _____

CITY AND STATE _____