

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

APPLICATION FOR LICENSURE AS AN AUDIOLOGIST

TYPE OR PRINT CLEARLY: (COMPLETE EVERY SECTION)

SECTION I -- IDENTIFYING INFORMATION

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

NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE: _____

ADDRESSES:

HOME: _____
STREET CITY STATE ZIP

COMPANY NAME _____

WORK _____
STREET CITY STATE ZIP

PHONE NUMBERS: (PLEASE INCLUDE AREA CODE)

HOME: _____ **CELL:** _____

E-MAIL ADDRESS: _____ **WORK:** _____

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

ATTACH PASSPORT SIZE PHOTO HERE:

**ATTACH CHECK HERE:
(PLEASE DO NOT TAPE)**

HIGHER EDUCATION

COLLEGE/UNIVERSITY	DATES	MAJOR/MINOR	DEGREE AND DATE

SECTION II -- APPLICATION STATUS

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

1. _____ Have official transcript from graduate education forwarded to the Board **DIRECTLY** from the college/university.
2. _____ Have Au.D. Degree
3. _____ Have Ph.D. degree with a major emphasis in audiology

OR

B. YOU HAVE COMPLETED AT LEAST A DOCTORAL 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.
2. _____ Have official transcript from graduate education forwarded to the Board **DIRECTLY** from the college/university.
3. _____ Have Au.D. Degree
4. _____ Have Ph.D. degree with a major emphasis in audiology

D. HAVE YOU COMPLETED THE AREA EXAMINATION IN AUDIOLOGY OF THE PRAXIS SERIES? _____

YOUR SCORE ON THE APPROPRIATE EXAMINATION SHOULD BE FORWARDED TO THE BOARD **OR** YOU CAN SUBMIT A COPY OF YOUR CURRENT ASHA CARD IN PLACE OF YOUR PRAXIS SCORES.

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, PLEASE ATTACH A PHOTOCOPY OF YOUR LICENSE AND A COPY OF THE LICENSURE REQUIREMENTS.

A VERIFICATION OF YOUR LICENSURE STATUS MUST BE SENT **DIRECTLY** TO THE BOARD FROM THAT AGENCY.

SECTION III – REFERENCES

A MINIMUM OF THREE (3) AND A MAXIMUM OF FIVE (5) REFERENCES FROM AUDIOLOGISTS WHO THEMSELVES ARE LICENSED OR HOLDS THEIR ASHA CCCs SHALL BE REQUIRED IN SUPPORT OF EACH APPLICANT.

NOTE: BOARD MEMBERS SHALL NOT SERVE AS A REFERENCE FOR APPLICANTS.

#1 NAME: _____ **ADDRESS:** _____

Phone#: _____
CITY STATE ZIP

#2 NAME: _____ **ADDRESS:** _____

Phone#: _____
CITY STATE ZIP

#3 NAME: _____ **ADDRESS:** _____

Phone#: _____
CITY STATE ZIP

#4 NAME: _____ **ADDRESS:** _____

Phone#: _____
CITY STATE ZIP

#5 NAME: _____ **ADDRESS:** _____

Phone#: _____
CITY STATE ZIP

SECTION IV -- PERSONAL/LICENSURE STATUS

1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE 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 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.

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 LAWS IN THE OKLAHOMA SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY LICENSING ACT, TITLE 59, SECTION 1601, ET.SEQ AND THE RULES OF THE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY, OKLAHOMA ADMINISTRATIVE CODE TITLE 690.

6. I CERTIFY, UNDER PENALTY OF PERJURY AND/OR DISCIPLINE BY THE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY THAT THE INFORMATION I HAVE SUPPLIED HEREIN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

[Applicant's Signature]