

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

APPLICATION FOR AUDIOLOGY ASSISTANT

TYPE OR PRINT CLEARLY: (COMPLETE EVERY SECTION)

SECTION I -- IDENTIFYING INFORMATION

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

ADDRESSES:

HOME: _____
STREET CITY STATE ZIP

COMPANY NAME: _____

WORK: _____
STREET CITY STATE ZIP

NAME OF SUPERVISOR: _____ **OK LICENSE #:** _____

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)**

EDUCATION

NAME OF SCHOOL/UNIVERSITY	DATES	MAJOR/MINOR	DEGREE AND DATE

SECTION II -- APPLICATION STATUS

PROPOSED STARTING DATE OF SUPERVISED ASSISTANT: _____

NAMES OF PERSONS CURRENTLY ASSIGNED TO THIS SUPERVISOR:

_____ (ASSISTANT NAME)

_____ (ASSISTANT NAME)

OUTLINE ASSISTANT'S ACADEMIC TRAINING:

OUTLINE ASSISTANT'S CLINICAL EXPERIENCE:

AMOUNT AND NATURE OF SUPERVISION AVAILABLE TO THE ASSISTANT:

I WILL FULFILL THE DUTIES AND RESPONSIBILITIES AS ASSIGNED BY THE SUPERVISING AUDIOLOGIST PER THE ALLOWABLE ACTIVITIES FOR AUDIOLOGY ASSISTANTS. 690:10-7-10(c) (d)

YES OR NO (PLEASE CIRCLE)

SECTION III -- PERSONAL/LICENSURE STATUS

1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE AS AN AUDIOLOGY ASSISTANT 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 AS AN AUDIOLOGY ASSISTANT 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]