

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

APPLICATION FOR LICENSURE AS A CLINICAL FELLOW

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

PHONE NUMBERS: (PLEASE INCLUDE AREA CODE)

HOME: _____ **CELL:** _____

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

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

PLEASE CHECK ONE OF THE FOLLOWING:

SUPERVISOR HAS MAILED CERTIFICATES FOR 6 HOURS OF TRAINING.

ATTACHED IS SUPERVISORS CERTIFICATES FOR 6 HOURS OF TRAINING.

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 MASTER DEGREE AT AN ACADEMIC INSTITUTION THAT WAS CAA ACCREDITED AT THE TIME THE DEGREE WAS CONFERRED:

1. _____ Submit the Academic Preparation and Clinical Preparation – Verification for Licensure Application form completed and verified by the current Program Director at the academic institution.
2. _____ Have official transcript from graduate education forwarded to the Board **DIRECTLY** from the college/university.

OR

B. YOU HAVE COMPLETED AT LEAST A MASTERS 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.

C. HAVE YOU COMPLETED THE PRAXIS EXAMINATION IN SPEECH-LANGUAGE PATHOLOGY? _____

- YOUR SCORES DO NOT HAVE TO BE SUBMITTED AT THIS TIME BUT WILL BE REQUIRED WHEN GETTING YOUR SLP LICENSE.
- YOUR SCORE ON THE APPROPRIATE EXAMINATION MUST BE FORWARDED TO THE BOARD.

SECTION III – REFERENCES

A MINIMUM OF THREE (3) AND A MAXIMUM OF FIVE (5) REFERENCES FROM SPEECH-LANGUAGE PATHOLOGISTS 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 SPEECH-LANGUAGE PATHOLOGY OR 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 SPEECH-LANGUAGE PATHOLOGY OR 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]