

BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

2021 DEACTIVATION FORM

690:10-9-7. Inactive status fee

A one-time fee of twenty-five dollars (\$25.00) shall be charged a licensed speech-language pathologist, audiologist, or speech-language pathology assistant to place the license on inactive status, provided that, prior to expiration of the license, the licensee makes written application to the Board for such status. Thereafter, the licensee may reactivate the license upon payment of a reactivation fee equal to one and one-half (1 1/2) times the current license renewal fee. A licensee must be in compliance with Continuing Education requirements to be placed on inactive status, and must maintain compliance while inactive. During the period of time the license is on inactive status, the licensee shall not engage in the practice of speech-language pathology or audiology in the State of Oklahoma, unless the licensee is exempt from licensure pursuant to 59 O.S. 1604. A license may be maintained in inactive status for no longer than ten years.

PLEASE PRINT CLEARLY

Name: _____
First
Last
License #

Email Address: _____

<p>Home Address: _____ _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____</p>	<p>Employer Address: _____ _____ City _____ State _____ Zip Code _____ Work Phone _____</p>
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PRACTICING WITHOUT A LICENSE IS A VIOLATION OF THE OKLAHOMA STATUTES.

License Number	Deactivation Fee	Late Fee
Speech License# _____	<input type="checkbox"/> \$25	+ 42.50 per month times __ months= \$ _____
Speech Assistant License# _____	<input type="checkbox"/> \$25	+ 42.50 per month times __ months= \$ _____
Audiology License# _____	<input type="checkbox"/> \$25	+ 42.50 per month times __ months= \$ _____
Audiology Assistant License# _____	<input type="checkbox"/> \$25	+ 42.50 per month times __ months= \$ _____

After December 31, 2020 the RENEWAL LATE FEE IS \$42.50 PER MONTH UP TO THE AMOUNT OF \$255.00

There is a \$25.00 CHARGE ON RETURNED CHECKS

Mail form and check to:

Board of Examiners for
 Speech-Language Pathology and Audiology
 P.O. Box 53592
 Oklahoma City, OK 73152

Phone: 405-524-4955
 Fax: 405-524-4985
 E-mail: amy.hall@obespa.ok.gov
 Website: www.obespa.ok.gov

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

Received: _____
DATE
AMOUNT
CHECK NO.

Action: Deactivated Directory Revised

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY**

All licensees must complete the statements below:

**I will have completed _____ CE hours for 2019 & 2020 by December 31st, 2020.
I understand that there will be a random audit of all licensees and that I may be asked to
provide additional information upon request. (You will be audited if this is left blank.)
Your signature is required.**

Signature of Applicant

Date

All licensees must complete the statements below:

**1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE SPEECHLANGUAGE
PATHOLOGY OR AUDIOLOGY IN ANOTHER STATE OR COUNTRY? _____**

IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.

**2. HAVE YOU EVER HAD YOUR LICENSE OR CERTIFICATE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR
AUDIOLOGY IN ANOTHER STATE OR COUNTRY SANCTIONED, INCLUDING BUT NOT LIMITED TO
REVOCATION, REPRIMAND, SUSPENSION, FINE, ADDITIONAL REQUIREMENTS FOR SUPERVISION,
ACADEMIC COURSEWORK, OR ANY OTHER DISCIPLINARY ACTION? _____**

IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE. (INCLUDE RELEVANT DATES.)

3. HAVE YOU EVER BEEN FOUND GUILTY OF UNPROFESSIONAL CONDUCT? _____

IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.

**4. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDERE TO A FELONY OR TO A
CRIME INVOLVING MORAL TURPITUDE? _____**

IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.

**5. I UNDERSTAND THAT I AM RESPONSIBLE TO READ AND FOLLOW ALL STATUES AND RULES OF PRACTICE
OF THE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY.**

I attest that all statements on this form have been completed truthfully.

Signature of Applicant

Date