

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

APPLICATION FOR LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST

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

IF YOU HAVE NOT COMPLETED THE ASHA CERTIFICATION REQUIREMENTS (i.e., DO NOT HOLD A CURRENT CCC IN YOUR SPECIALIZATION AREA):

BUT

A. YOU HAVE COMPLETED AT LEAST A MASTERS 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 SUCCESSFULLY COMPLETED THE PAID CLINICAL EXPERIENCE? _____

IF YES, YOU MUST SUBMIT A COPY OF THE REPORT OF THE CLINICAL EXPERIENCE.

D. HAVE YOU COMPLETED THE AREA EXAMINATION IN SPEECH-LANGUAGE PATHOLOGY PRAXIS SERIES? _____

IF YES, YOUR SCORE ON THE APPROPRIATE EXAMINATION MUST BE FORWARDED TO THE BOARD.

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.**

F. ARE YOU APPLYING FOR LICENSURE AS A CURRENT HOLDER OF THE ASHA CCC IN YOUR AREA OF SPECIALIZATION? _____

IF YES, PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT ASHA CARD.

SECTION IV – 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 III -- 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 Name]