

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

APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

AMOUNT AND NATURE OF SUPERVISION AVAILABLE TO THE ASSISTANT: (See rule 690:10-7-3):
30% direct and indirect supervision for the first 90 days (*starts day of initial licensure with OBESPA*). After completion of first 90 days, 10% direct onsite supervision with 20% indirect supervision.

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 #:** _____

PLEASE CHECK ONE OF THE FOLLOWING:

SUPERVISOR HAS MAILED CERTIFICATES FOR 6 HOURS OF TRAINING.

ATTACHED IS SUPERVISORS CERTIFICATES FOR 6 HOURS OF TRAINING.

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:

_____ CF _____ ASSISTANT _____

_____ CF _____ ASSISTANT _____

I WILL FULFILL THE DUTIES AND RESPONSIBILITIES AS ASSIGNED BY THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST PER THE ALLOWABLE ACTIVITIES FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS. 690:10-7-10(a)(b)

YES OR NO (PLEASE CIRCLE)

SUPERVISORS SIGNATURE

ASSISTANT SIGNATURE

SECTION III -- PERSONAL/LICENSURE STATUS

1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE AS AN SPEECH-LANGUAGE PATHOLOGY 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 SPEECH-LANGUAGE PATHOLOGY 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