

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
3700 N CLASSEN BLVD, STE 248  
OKLAHOMA CITY, OK 73118**

**APPLICATION FOR LICENSURE AS AN AUDIOLOGIST**

**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:** \_\_\_\_\_

**HAVE YOU BEEN PREVIOUSLY LICENSED IN OK? YES / NO LICENSE #** \_\_\_\_\_

**IF UNDER A MAIDEN OR DIFFERENT NAME PLEASE LIST:** \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_  
STREET CITY STATE ZIP

**PHONE#: HM** \_\_\_\_\_ **CELL** \_\_\_\_\_  
(INCLUDE AREA CODE)

**EMAIL:** \_\_\_\_\_

**BIRTHPLACE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
CITY/STATE MM/DD/YEAR

**COMPANY NAME** \_\_\_\_\_

**WK ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

**WK PHONE#:** \_\_\_\_\_ **WK EMAIL:** \_\_\_\_\_  
(INCLUDE AREA CODE)

**ATTACH PASSPORT SIZE PHOTO HERE:**  
Passport size photo OR picture taken against a plain white wall **ONLY- no pictures from actual passport or Driver's license accepted.**

**ATTACH CHECK HERE:**  
(PLEASE DO NOT TAPE)

## SECTION II -- APPLICATION STATUS

A. YOU HAVE COMPLETED AT LEAST A DOCTORAL DEGREE AT AN ACADEMIC INSTITUTION THAT WAS CAA ACCREDITED AT THE TIME THE DEGREE WAS CONFERRED:

1. \_\_\_\_\_ Have official transcript from graduate education forwarded to the Board **DIRECTLY** from the college/university.
2. \_\_\_\_\_ Have Au.D. Degree
3. \_\_\_\_\_ Have Ph.D. degree with a major emphasis in audiology

**OR**

B. YOU HAVE COMPLETED AT LEAST A DOCTORAL 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.
3. \_\_\_\_\_ Have Au.D. Degree
4. \_\_\_\_\_ Have Ph.D. degree with a major emphasis in audiology

### EDUCATION

COLLEGE/UNIVERSITY	DATES	MAJOR/MINOR	DEGREE AND DATE
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**\*\*only need highest degree**

**YOU WILL NEED TO SUBMIT ONE OF THE FOLLOWING:**

C. HAVE YOU COMPLETED THE AREA EXAMINATION IN AUDIOLOGY OF THE PRAXIS SERIES? \_\_\_\_\_

**\*Attach a copy of passing Praxis scores**

**OR**

D. A CURRENT HOLDER OF ASHA CCC'S? \_\_\_\_\_

**\*Attach current copy of ASHA card**

### SECTION III – REFERENCES

THREE (3) REFERENCES FROM AUDIOLOGISTS WHO ARE LICENSED OR HOLD THEIR ASHA CCCs SHALL BE REQUIRED TO COMPLETE THE **OBESPA REFERENCE FORM**.

**NOTE:** BOARD MEMBERS SHALL NOT SERVE AS A REFERENCE FOR APPLICANTS.

**#1. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP

**PHONE #:** \_\_\_\_\_

(INCLUDE AREA CODE)

**#2. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP

**PHONE #:** \_\_\_\_\_

(INCLUDE AREA CODE)

**#3. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP

**PHONE #:** \_\_\_\_\_

(INCLUDE AREA CODE)

## SECTION IV -- PERSONAL/LICENSURE STATUS

1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE 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 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.

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[Applicant's Signature]