

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY
2024 INACTIVE STATUS 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.

PRACTICING WITHOUT A LICENSE IS A VIOLATION OF THE OKLAHOMA STATUTES.

Very important!! Provide the following information, for our database:

Notify this office immediately of any change of address, telephone or professional status.

Please Print Clearly

Name: _____ Employer Name: _____
Address: _____ Address: _____
City: _____ State: _____ City: _____ State: _____
Zip: _____ Phone: _____ Zip: _____ Work Phone: _____
E-mail: _____ E-mail: _____

INCLUDE LICENSURE #

Speech Pathology License No. _____
Speech-Language Pathology Assistant License No. _____
Audiology License No. _____
Audiology Assistant License No. _____

INACTIVE FEE

\$25.00
 \$25.00
 \$25.00
 \$25.00

Any question you have regarding licensure should be directed to:

**Board of Examiners for
Speech-Language Pathology and Audiology
3700 N Classen Blvd Ste. 248
Oklahoma City, OK 73118**

**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: Inactive Directory Revised _____