

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

REACTIVATION FORM

To reactivate a license from an inactive status the licensee must pay a reactivation fee of \$127.50 and attach proof of twenty Continuing Education hours, with three of those hours being in professional ethics, from the last two years that the license was in an inactive status.

If the licensee has been inactive for five years or more, the licensee **must also** provide proof of one of the following from the last two years that the license was in an inactive status: (1) retake and pass the exam required for licensure, (2) show proof of licensure and at least 520 hours of practice in another state (3) show proof of at least 520 hours of practice in a setting exempt from licensure pursuant to 59 O.S. § 1604 OR (4) show proof of completion of an additional twenty hours of Continuing Education. (See Rule 690:10-9-7)

PLEASE CHECK ALL THAT APPLY:

I have attached the required 20 CEU hours from the last two years that the license was inactive

AND if Inactive over 5 years, you must also attach one of the following:

- retake and pass the exam required for licensure;
- show proof of licensure and at least 520 hours of practice in another state;
- show proof of at least 520 hours of practice in a setting exempt from licensure pursuant to 59 O.S. § 1604;
- show proof of completion of an additional twenty hours of Continuing Education

NAME: _____ **LICENSE #:** _____
FIRST MIDDLE INT. LAST

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE #: _____ **CELL PHONE #:** _____

NAME OF EMPLOYER: _____

EMPLOYER ADDRESS: _____
STREET CITY STATE ZIP

WORK PHONE #: _____

E-MAIL ADDRESS: _____

Statements below must be completed:

- 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.

LICENSEE SIGNATURE

ATTACH CHECK FOR \$127.50 HERE:
PLEASE DO NOT USE TAPE

Any question you have regarding licensure should be directed to:

Board of Examiners for	Phone: 405-524-4955
Speech-Language Pathology and Audiology	Fax: 405-524-4985
3700 N Classen Blvd, STE. 248	E-mail: amy.hall@obespa.ok.gov
Oklahoma City, OK 73118	website: www.obespa.ok.gov

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

Date Received Amount Check #

Action: Reactivated Directory Revised