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

SLPA 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: _____ **SLPA#:** _____
      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: _____

SUPERVISORS NAME: _____ SUPERVISORS LIC #: _____

PLEASE CHECK ONE OF THE FOLLOWING:

SUPERVISOR HAS MAILED CERTIFICATES FOR 6 HOURS OF TRAINING ☐

ATTACHED IS SUPERVISOR'S CERTIFICATES FOR 6 HOURS OF TRAINING ☐

PROPOSED STARTING DATE: _____ HOURS WORK PER WEEK: _____

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

_____   _____
SUPERVISORS SIGNATURE   **ASSISTANT 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

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT

<u>This is to be completed by the licensed speech-language pathologist.</u>

I, _____ do hereby consent to supervise, _____ during licensure as an assistant. I acknowledge that I have read and that I do understand the laws and Rules of the Board pertaining to the use of supervised assistants. I agree to conduct the supervision of the above-named applicant according to the laws, rules, and ethics applicable to practice as an assistant. I assert that in making this agreement, I take full legal and ethical responsibility for this applicant's assistant activities and services as provided in the Rules of the Board. I agree to notify the Board when I am no longer supervising the aforementioned assistant licensee.

_____
Signature of Licensed Supervisor

_____
Date Signed

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT

<u>This is to be completed by the assistant.</u>

I, _____ apply to the Oklahoma State Board of Examiners for Speech-Language Pathology and Audiology for approval to work under the supervision of _____.

I acknowledge that I have read and do understand the Board Statutes and Rules, specifically those provisions pertaining to the supervised practice under the direction of a licensed speech-language pathologist. I agree to conduct myself according to the laws, rules, and ethics applicable to such work. I further assert that I understand that approval granted by the Board is for supervised assistant activities and services only, and that any representation to the public that I am an independent practitioner will lead to automatic revocation of licensure.

_____
Signature of Assistant

_____
Date Signed