

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

APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

TYPE OR PRINT CLEARLY: (COMPLETE EVERY SECTION)

SECTION I -- IDENTIFYING INFORMATION

NAME: _____ **SOC. SEC.** _____
FIRST MIDDLE LAST / MAIDEN

HOME ADDRESS:

STREET CITY STATE ZIP

PHONE #: HM _____ **CELL** _____
(INCLUDE AREA CODE)

E-MAIL ADDRESS: _____

BIRTHPLACE: _____ **BIRTHDATE:** _____
CITY/STATE MM/DD/YEAR

COMPANY NAME: _____

WORK ADDRESS: _____
STREET CITY STATE ZIP

WK PHONE #: _____ **WK EMAIL** _____

ATTACH PASSPORT SIZE PHOTO HERE:

**Passport size photo OR picture taken against plain white wall ONLY
-no pictures from actual passport or driver's license accepted

ATTACH CHECK HERE:

(PLEASE DO NOT TAPE)

SECTION II -- SUPERVISION

NAME OF SUPERVISOR: _____ **OK LICENSE #:** _____

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 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- APPLICATION STATUS

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

1. _____ Submit the SLPA Academic Preparation and Practicum Verification for Licensure Application form completed and verified by the current Program Director at the academic institution.
2. _____ Have official transcript from graduate education forwarded to the Board **DIRECTLY** from the college/university.

EDUCATION

| NAME OF SCHOOL/UNIVERSITY | DATES | MAJOR/MINOR | DEGREE AND DATE |
|---------------------------|-------|-------------|-----------------|
|---------------------------|-------|-------------|-----------------|

****only complete with the degree information that is required for this license**

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