BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

2024 LICENSE RENEWAL

First	Last		Social Security #
Home Address		Employer	
City		Work	
StateZip Code	e	Address	
Home Phone		City	Code
			Code
Cell Phone		Work Phone	
E-mail		Work E-mail	
OKLAHOMA INCOME COMPLIANCE NOT renewing your license if, at the time yo that you are	ou make application for		Tax Commission has determined
License Number	Renewal Fee	:	Late Fee
Speech License#	[] \$85	+ 42.50 per month	n times months= \$
Speech Assistant License# Audiology License#	[]\$85	+ 42.50 per month	n times months= \$
Audiology License#	[] \$85	+ 42.50 per month	n times months= \$
Audiology Assistant License#	[] \$85	+ 42.50 per month	n times months= \$
sistant's Supervisor Name: (Please print)		License #	
After December 31, 2023 the REN Ther	•	2.50 PER MONTH UP TO ON RETURNED CHECKS	THE AMOUNT OF \$255.00
List below the name or names of	persons working unde	er your supervision as a	a Clinical Fellow or Assistant
	License #	2.	License #
I supervision must be PRE-APPROVED ore than two such persons at one time	by the Board throug		
Your return envelope must be po	ostmarked on or be Send form and	-	2023. NO GRACE PERIOR
oard of Examiners for Speech-Languag	ge Pathology and Aud	iology Phone: (405) 524-4955
700 N Classen Blvd Ste. 248		Fax: (405) 524-4985
klahoma City, OK 73118		E-mail: am	ny.mcpeek@obespa.ok.gov
YOU	MUST COMPLE	TE BOTH PAGES	!!
O NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY			
eceived:			
DATE	AMOUNT	CHECK NO.	CHECK DATE
tion: [] Renewed [] Card Mailed _	[] Director	v Revised	Page 1 of 2

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2024 LICENSE RENEWAL

Signature of Applicant	
I attest that all statements on this renewal form have	been completed truthfully.
5. I UNDERSTAND THAT I AM RESPONSIBLE TO READ AND FOI THE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLO	
4. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR INVOLVING MORAL TURPITUDE? IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPA	
3. HAVE YOU EVER BEEN FOUND GUILTY OF UNPROFESSIONAL IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPA	
2. HAVE YOU EVER HAD YOUR LICENSE OR CERTIFICATE TO PAUDIOLOGY IN ANOTHER STATE OR COUNTRY SANCTIONED, I REPRIMAND, SUSPENSION, FINE, ADDITIONAL REQUIREMENTS ANY OTHER DISCIPLINARY ACTION? IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPA	NCLUDING BUT NOT LIMITED TO REVOCATION, S FOR SUPERVISION, ACADEMIC COURSEWORK, OR
1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE AUDIOLOGY IN ANOTHER STATE OR COUNTRY? IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPA	