



**OKLAHOMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE  
PATHOLOGY AND AUDIOLOGY**

3700 N Classen Blvd Ste. 248 Oklahoma City, OK. 73118  
Oklahoma.gov/OBESPA

**2025 INACTIVE STATUS**

LICENSEE'S INFORMATION			
Licensee's Name: (please print)		License Number:	
_____	_____	_____	_____
First	Last	Middle Int.	
Mailing Address:			
_____		_____	_____
Street Address	City	State	Zip Code
Email Address:		Phone Number:	
_____		_____	

**CONTINUING EDUCATION**

I have completed the required amount of \_\_\_\_\_ hours of Continuing Education  
for the **2023 & 2024** time period.  
(CEU hours are **NOT** required for Audiology Assistants)

**STATEMENT OF APPLICANT**

I attest that, to the best of my knowledge, the statements contained on this form are true, complete, and correct.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

INACTIVE FEE INFORMATION	
Inactive Fee \$25.00	Charge on Returned Checks \$25.00
Late Fee \$42.50 per month (Up to the amount of \$255.00)	Payment must be in the form of a check or money order made payable to OBESPA

**Envelope must be postmarked on or before DECEMBER 31, 2024 or it is considered late  
No Grace Period**

**Send form and check to:**

OBESPA  
3700 N Classen Blvd Ste 248  
Oklahoma City, OK. 73118

*DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY*

<b>Received:</b>	_____	_____	_____	_____
	DATE	AMOUNT	CHECK NO.	CHECK DATE