



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

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

## 2025 LICENSE RENEWAL

You Must Complete All Pages

### 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:	
_____	_____	_____	_____

### EMPLOYMENT INFORMATION

Employer Name:			
_____			
Employer Address:			
_____	_____	_____	_____
Street Address	City	State	Zip Code
Employer Email Address:		Employer Phone Number:	
_____	_____	_____	_____

### SUPERVISION INFORMATION

<b>IF you are a Supervisor</b> , please list the name & license number of your CF and/or Assistant:			
1. Name:	_____	Lic#:	_____
2. Name:	_____	Lic#:	_____
<b>IF you are an Assistant</b> , please list the name & license number of your Supervisor(s):			
1. Name:	_____	Lic#:	_____
2. Name:	_____	Lic#:	_____

**QUESTIONNAIRE**  
**ALL STATEMENTS BELOW MUST BE COMPLETED**

1. Have you ever been denied a license or certificate to practice speech or audiology in another state or country?  Yes  No

If YES, please furnish an explanation on a separate page.

2. Have you ever had a sanction regarding your license or certificate to practice speech or audiology including but not limited to revocation, reprimand, suspension, fine, additional requirements for supervision, academic coursework, or any other disciplinary action?  Yes  No

If YES, please furnish an explanation on a separate page.

3. Have you ever been found guilty of unprofessional conduct?  Yes  No

If YES, please furnish an explanation on a separate page.

4. Have you ever been convicted of a felony?  Yes  No

If YES, please furnish an explanation on a separate page.

**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

**RENEWAL FEE INFORMATION**

Renewal Fee \$85.00

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**  
**No Grace Period or Exceptions will be made for late renewals**

**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*

**Received:**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AMOUNT

\_\_\_\_\_  
CHECK NO.

\_\_\_\_\_  
CHECK DATE