



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

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

2026 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:

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, 2025 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*

Received:

DATE

AMOUNT

CHECK NO.

CHECK DATE