OKLAHOMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
3700 N Classen Blvd Ste. 248 Oklahoma City, OK. 73118
Oklahoma.gov/OBESPA

2027 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 **2025 & 2026** 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, 2026 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