



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

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

2027 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

IF you are a Supervisor, please list the name & license number of your CF and/or Assistant:

1. Name: _____ Lic#: _____

2. Name: _____ Lic#: _____

IF you are an Assistant, 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 **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

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, 2026
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