



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

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

## REACTIVATION FORM

This completed form must be accompanied by all required documents and the reactivation fee

### 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:		
_____			_____		

### REQUIRED DOCUMENTATION

Choose **one** option below:

- ☐ If your license has been Inactive for **five years or less**, please submit the item below:
- 1) 20 CEU hours (with 3 of those hours being professional ethics) from the last 2 years
- ☐ If your license has been Inactive **over five years**, please submit the items below:
- 1) 20 CEU hours (with 3 of those hours being professional ethics) from the last 2 years
  - 2) Proof of at least 520 hours of practice in another state or from a setting exempt from licensure
- OR**
- Retake & pass the Praxis exam

**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.

**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

**REACTIVATION FEE**

Reactivation Fee \$127.50

Charge on Returned Checks \$25.00

Payment must be in the form of a check  
or money order made payable to OBESPA

**Send form, documents 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