

BOARD OF EXAMINERS FOR SPEECH PATHOLOGY AND AUDIOLOGY 2013 LICENSE RENEWAL

Indicate your intentions with regard to your license or licenses to practice and return this form with the applicable fee.

Very important!! Provide the following information for our database:

Notify this office immediately of any change of address, e-mail, telephone or professional status.

Required fields

Name: _____

_____ _____ _____ _____
First Last Date of Birth Social Security Number

Current information:

Home Address

 City _____ State _____
 Zip Code _____ - _____
 Home Phone _____
 E-mail _____

Employer _____
Work Address _____
 City _____ State _____
 Zip Code _____ - _____
 Work Phone _____
 E-mail _____

NOTE: It is important to keep your e-mail address current. The Board will use e-mails to communicate with licensees on many issues during the year. We will use your home email unless you indicate otherwise.

Your return envelope must be postmarked on or before **DECEMBER 31, 2012.**
NO GRACE PERIOD.

By Statute, SB 1040, Section 6 Codified as Section 238.1 of Title 68

Effective July 1, 2000 a law requiring all professional license applicants to be reviewed by the Oklahoma Tax Commission for income tax compliance. If you are not tax compliant with the State of Oklahoma but you have paid your renewal fee on time, we have the responsibility to revoke your license until you are tax compliant but no late fees will be added.

PRACTICING WITHOUT A LICENSE IS A VIOLATION OF THE OKLAHOMA STATUTES.

	RENEW	DEACTIVATE	LATE FEE
Speech Pathology License No. _____	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$42.50 per month times _____ months = \$ _____
Audiology License No. _____	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$42.50 per month times _____ months = \$ _____
Assistant License No. _____	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$42.50 per month times _____ months = \$ _____
Assistant's Supervisor Name: <i>(Please print)</i> _____		License # _____	

If you renew your license after December 31, 2012 the RENEWAL LATE FEE IS \$42.50 PER MONTH UP TO \$255.00
There is a \$25.00.CHARGE ON RETURNED CHECKS

List below the name or names of persons working under your supervision as a **CEY INTERN** or **ASSISTANT**.

1. _____ 2. _____

All supervision must be PRE-APPROVED by the Board through an application process. A Licensee may supervise no more than two such persons at one time.

Return this form and fee to the OBESPA office post marked before December 31 or renew online at www.obespa.state.ok.us
 Last minute renewals accentuate stress for you and the OBESPA office. Allow two weeks for mailing of licensure card.

Any question you have regarding licensure should be directed to:

Jeanie Wall, Executive Secretary or Amy Hall, Administrative Asst. Phone: (405) 524-4955
 Board of Examiners for Speech-Language Pathology and Audiology Toll free: (866) 840-2774 Fax: (405) 524-4985
 P.O. Box 53592, Oklahoma City, OK 73152 E-mail: amy.hall@obespa.ok.gov

If mailing over night or certified please mail to:

OBESPA - Amy Hall
 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

Action: Renewed Deactivated Card Mailed _____ Directory Revised _____

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

2013 LICENSE RENEWAL

1. HAVE YOU EVER BEEN DENIED A LICENSE OR CERTIFICATE TO PRACTICE SPEECHLANGUAGE PATHOLOGY OR AUDIOLOGY IN ANOTHER STATE OR COUNTRY? _____

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-LANGUAGE PATHOLOGY OR AUDIOLOGY INCLUDING BUT NOT LIMITED TO REVOCATION, REPRIMAND, SUSPENSION, FINE, ADDITIONAL REQUIREMENTS FOR SUPERVISION, ACADEMIC COURSEWORK, OR ANY OTHER DISCIPLINARY ACTION? _____

IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE. (INCLUDE RELEVANT DATES.)

3. HAVE YOU EVER BEEN FOUND GUILTY OF UNPROFESSIONAL CONDUCT? _____

IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE FURNISH AN EXPLANATION ON A SEPARATE PAGE.

5. I UNDERSTAND THAT I AM RESPONSIBLE TO READ AND FOLLOW ALL STATUES AND RULES OF PRACTICE OF THE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY.

6. I HAVE COMPLETED THE REQUIRED HOURS OF CONTINUING EDUCATION FOR THE 2011-2012 LICENSURE PERIOD. I HAVE COMPLETED _____ HOURS OF CONTINUING EDUCATION DURING THE 2011-2012 LICENSURE PERIOD.

You do not need to list the CE activities at this time. Do not send in proof of continuing education to the board at this time.

If you are selected by the board to be audited you will be requested to send copies of certification of your continuing education.

All late renewals are automatically required to mail in proof of continuing education.

I attest that all statements in this application have been completed truthfully.

Signature of Applicant

Date