



**Secondary Education:** List all high school or other secondary schools attended.

Dates: From/To	Name of School	City/State	Diploma: (Y/N)

**Post-Secondary Education:** List all formal education beyond high school.

Dates: To/From	Name of Institution	City & State	Degree: Y/N

**Employment:** List all work experience, during the last five years.

Dates: To/From	Position Held	Employer	City & State

Please answer the following questions that impact your eligibility for licensure in Oklahoma.

*These questions are taken from OK Licensure Application.*

1. Have you ever been arrested or charged or convicted of a felony or misdemeanor? Yes ☐ No ☐
2. Have you ever been addicted to or abused any drug or chemical substance including alcohol? Yes ☐ No ☐
3. Have you ever obtained an assessment or been treated for use of any drug or chemical substance including alcohol? Yes ☐ No ☐
4. Have you ever had any mental, emotional or nervous disorder or condition which could affect, or if untreated could affect, your ability to practice competently? Yes ☐ No ☐

*If you answer yes to any of the above questions, please provide details on separate sheet of paper and attach to your application. If you answer yes to any of these questions, you may be ineligible for license upon graduation. Prior to applying to the program you should seek clarification from the OSBMLS regarding your situation. No one will be admitted to the PTA program if it is understood that they would be ineligible for license in Oklahoma as this would be in conflict with the program mission. If you have questions, please contact the program director.*

Please give the names and addresses of three individuals who are not relatives, but who know you well and can give information about your character and/or capabilities. For example, you might include a recent teacher, counselor, employer, or clergyman. We contact references only when the selection committee desires additional information.

1. Name: \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

I hereby affirm that all information on this form and the enclosed document are complete and accurate to the best of my knowledge. I understand that giving false information will make me ineligible for admission and enrollment in the PTA Program.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Print this form, attach a photo of yourself in the space provided on page #1 of the application. Sign and date the application and include all completed application documents and submit to the PTA Program Director. You may submit the application and documents by email, regular mail, or bring them to the PTA program office. See Application Check List Form.*