

**Oklahoma State Board of Medical Licensure and Supervision**  
**101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105 ~ (405) 962-1470**

**Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)**

*A computer-generated substitute for this form is acceptable provided it contains **ALL** the information requested with original signature and seal.*

This form must be sent to each state in which you **now** hold or **have ever** held a license to practice.

Applicant Name \_\_\_\_\_ State \_\_\_\_\_

I hereby authorize and request the State Medical Licensing Authority, having control of documents, records, and other information pertaining to me to furnish to the Oklahoma State Board of Medical Licensure and Supervision, any and all documents, records, information to include charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

Signature of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden Name/Alias/Known by other name \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY THE MEDICAL LICENSING AUTHORITY**

State \_\_\_\_\_ License Number \_\_\_\_\_  
Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Licensure Based On \_\_\_\_\_ Current Status \_\_\_\_\_

1. Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? If **YES**, please attach details  **YES**  **NO**
2. Have formal disciplinary proceedings been initiated against applicant or applicant's license by a disciplinary authority in your state? If **YES**, please attach details  **YES**  **NO**
3. Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state? If **YES**, please attach details  **YES**  **NO**

4. Comments \_\_\_\_\_

SEAL

Original Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_