

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY, OK 73105
licensing@okmedicalboard.org

APPLICATION FOR MODIFICATION

This form is to be completed if you would like your name changed on your license. If you have **not** been licensed yet, please stop and contact the number above.

A copy of official document showing the change in name must accompany this application form (i.e., marriage license, divorce decree, etc.)

PLEASE MAIL YOUR COMPLETED APPLICATION FORM, FEE AND REQUIRED DOCUMENTS TO THE ADDRESS ABOVE.

- | | |
|--|---|
| <input type="checkbox"/> Anesthesiologist Assistant (\$60) | <input type="checkbox"/> Orthotist/Prosthetist Assistant (\$30) |
| <input type="checkbox"/> Athletic Trainer (\$30) | <input type="checkbox"/> Orthotist/Prosthetist Technician (\$30) |
| <input type="checkbox"/> Apprentice Athletic Trainer (\$20) | <input type="checkbox"/> Podiatrist (\$30) |
| <input type="checkbox"/> Dietician – Licensed (\$30) | <input type="checkbox"/> Physician Assistant (\$30) |
| <input type="checkbox"/> Dietician – Provisional (30) | <input type="checkbox"/> Physical Therapist (\$60) |
| <input type="checkbox"/> Electrologist (\$30) | <input type="checkbox"/> Physical Therapy Assistant (\$30) |
| <input type="checkbox"/> Licensed Music Therapist (\$15) | <input type="checkbox"/> Radiology Assistant (\$60) |
| <input type="checkbox"/> Medical Doctor (\$60) | <input type="checkbox"/> Respiratory Care Practitioner (\$30) |
| <input type="checkbox"/> Occupational Therapist (\$30) | <input type="checkbox"/> Respiratory Care – Provisional (\$25) |
| <input type="checkbox"/> Occupational Therapy Assistant (\$30) | <input type="checkbox"/> Therapeutic Recreation Specialist (\$30) |
| <input type="checkbox"/> Orthotist/Prosthetist (\$30) | |

Enter your name as it is shown on your original license _____
Last First Middle

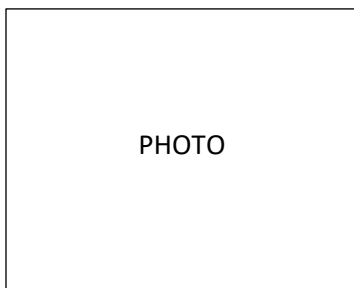
Mailing Address _____
Street City State Zip

Practice Address _____
Street City State Zip

How would you like your name to appear on your license? _____
Last First Middle

What is your license number? _____

Photograph must be mounted in space provided and **must** have been taken in the past twelve (12) months. Notary seal must be placed to the bottom of the photo.



Applicant's Signature _____

Notary Public Signature _____

Commission Number _____ Expires _____