

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
101 NE 51<sup>st</sup> STREET, OKLAHOMA CITY, OK 73105 (405) 962-1400

VERIFICATION OF EDUCATION

AN EDUCATOR OF THE INSTITUTION FROM WHICH YOU OBTAINED YOUR PROFESSIONAL ACADEMIC DEGREE/CERTIFICATE MUST COMPLETE THIS FORM. THE SEAL OF THE INSTITUTION MUST BE IMPRESSED ON THIS FORM, OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE AUTHOR OF THIS FORM AND THE SIGNATURE NOTORIZED. ALL SIGNATURES MUST BE ORIGINAL.

I, \_\_\_\_\_, DO HEREBY CERTIFY THAT THE APPLICANT,  
Name of educator

\_\_\_\_\_ ATTENDED \_\_\_\_\_  
Name of applicant Name of institution

LOCATED IN \_\_\_\_\_, \_\_\_\_\_, FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City State mo. day year mo. day year

AND WAS AWARDED THE DEGREE/CERTIFICATE OF \_\_\_\_\_.

RECORDS OF THIS INSTITUTION INDICATE THAT WHILE ENROLLED THE APPLICANT WAS \_\_\_\_\_ WAS NOT \_\_\_\_\_ THE SUBJECT OF DISCIPLINARY ACTION (If applicant was the subject of disciplinary action, please explain on a separate sheet of paper.)

\_\_\_\_\_  
Name of educator - please type or print

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(SEAL)

This institution has no seal \_\_\_\_\_  
Signature of educator

Sworn to before me on \_\_\_\_\_ Commission Number: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Date Date Date

(SEAL)

\_\_\_\_\_  
Notary Signature