

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
PO BOX 18256, OKLAHOMA CITY, OK 73154
(405) 962-1400**

RECOMMENDATION

Three recommendations are required. Two must be from licensed physical therapists that can attest to the applicant's clinical competence. The third must be from an associate who can affirm the applicant's moral and ethical attributes. Applicants who have not practiced may submit three recommendations from associates. All recommendations must be in narrative form.

The following (please write your recommendation in the space provided below) is my recommendation to the Oklahoma State Board of Medical Licensure and Supervision on behalf of _____

Name of applicant

I am licensed in the state of _____, license number _____

_____ date

_____ Original Signature

_____ Name – please type or print