

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

RECOMMENDATION

Three recommendations are required, each on a FORM #4 (Section 2). Two must be from certified Athletic Trainers who can attest the applicant's practice competence; the third must be from an associate who can affirm the applicant's moral and ethical attributes. Applicants who have not practiced as an Athletic Trainer or Apprentice Athletic Trainer may submit three recommendations from associates or individuals that can affirm the applicant's moral and ethical character.

In lieu of three recommendations, the applicant may submit one FORM #4 (Section 1) completed by an official of a state or national Athletic Trainers professional association who can verify current good standing in the association.

SECTION 1:

_____ is a member in good standing of the
_____ located in _____, _____
city state

Original Signature

Date

name and title - please type or print

SECTION 2:

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