

Oklahoma State Board of Medical Licensure and Supervision  
ENDORSEMENT/VERIFICATION OF LICENSURE

A computer-generated substitute for this form is acceptable provided it contains ALL the information described below and bears original signatures. **The completed verification must be mailed directly to OSBMLS at P.O. Box 18256, Oklahoma City, OK 73154-0256.**

Send one of these forms to each state in which you now hold or have ever held a license to practice medicine and/or surgery. (You should check with the state to determine if a fee is required.)

I, \_\_\_\_\_, hereby authorize and request the  
(Please print your full name)

State Medical Licensing Authority in \_\_\_\_\_ having control of documents,  
(Name of State)

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, including charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

\_\_\_\_\_  
(Signature)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
month day year

Maiden Name/Alias/known by any other name: \_\_\_\_\_

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

State of: \_\_\_\_\_ 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? **YES** \_\_\_ **NO** \_\_\_ **UNABLE TO DIVULGE** \_\_\_ If **YES**, please attach details.

2. Have formal disciplinary proceedings been initiated against applicant or applicant's license by a disciplinary authority in your state? **YES** \_\_\_ **NO** \_\_\_ **UNABLE TO DIVULGE** \_\_\_ If **YES**, please attach details.

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 Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state? **YES** \_\_\_ **NO** \_\_\_ **UNABLE TO DIVULGE** \_\_\_ If **YES**, please attach details.

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

Signed: \_\_\_\_\_  
(Must have original signature)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SEAL