

PHOTO AND OATH PAGE - PHYSICIANS

If you uploaded a photograph as part of the online application process you are not required to complete Section 1 (Photograph) of this form.

1. PHOTOGRAPH



THIS PHOTOGRAPH, TAKEN WITHIN THE PAST TWELVE MONTHS, IS A CORRECT LIKENESS OF MYSELF.

MOUNT PHOTOGRAPH HERE
(USE TAPE OR ADHESIVE - NO STAPLES)
IMPORTANT: AFFIX NOTARY SEAL
PARTIALLY ON THE PHOTO AND
PARTIALLY ON THE APPLICATION

APPLICANT SIGNATURE

NOTARY SIGNATURE

2. OATH

I, _____, hereby certify under oath that I am the person named in the application for license to practice medicine and surgery in the State of Oklahoma, that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last 12 months; that in consideration of the issuance to me of a license to practice medicine and surgery in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for the revocation of my medical license.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Medical Licensure and Supervision or its successors any information, files or records requested by that Board in connection with this application. I further authorize the Oklahoma State Board of Medical Licensure and Supervision or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure or licensure renewal.

_____, M.D.
APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC

SEAL