

**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 licensed and/or registered dietitians who can attest the applicant's practice competence; the third may be from an associate who can affirm the applicant's moral and ethical attributes.

Applicants who have not yet practiced dietetics 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 a current officer of a state dietetic 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