

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
P.O. BOX 18256
OKLAHOMA CITY OK 73154-0256
(405) 962-1400**

APPLICATION FOR MODIFICATION OF LICENSE

Print or type answers to all questions on this form in full.

A copy of official document showing the change in name must accompany this application form (i.e., marriage license, divorce decree).

PLEASE MAIL YOUR COMPLETED APPLICATION, FEE, AND REQUIRED DOCUMENTS TO THE ADDRESS AT THE TOP OF THIS FORM.

Occupational Therapist(\$30) _____	Occupational Therapy Assistant(\$30) _____	Physician Assistant(\$30) _____
Physical Therapist(\$60) _____	Physical Therapist Assistant(\$30) _____	Athletic Trainer(\$30) _____
Licensed Dietitian(\$30) _____	Provisional Licensed Dietitian(\$30) _____	Apprentice Athletic Trainer(\$20) _____
Respiratory Care(\$30) _____	Provisional Respiratory Care(\$25) _____	Pedorthist(\$30) _____
Orthotist/Prosthetist(\$30) _____	Orthotist/Prosthetist Assistant(\$30) _____	Orthotist/Prosthetist Technician(\$30) _____
Medical Doctor(\$60) _____	Electrologist (\$30) _____	Radiologist Assistant (\$60) _____
Anesthesiologist Assistant (\$60) _____	Therapeutic Recreation Specialist(\$30) _____	

1. Enter your name as it is shown on your original license/certificate:

Last	First	Middle
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2. Mailing Address: _____

Street	City	State	Zip
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3. Practice Address: _____

Street	City	State	Zip
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4. How do you want your name to appear on your new license? _____

Last	First	Middle
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5. License Number _____ Issue Date _____

6. Photograph must be mounted in space provided and **must** have been taken in the past twelve months.

This is to certify that the photograph below is a correct likeness of myself and that the attached document is a true copy of the original.

**MOUNT PHOTO HERE
THEN IMPRESS SEAL**

Applicant Signature

Notary Public Signature

Commission Number _____ My commission expires _____

DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY.

APPLICATION RECEIVED ____/____/____ APPLICATION APPROVED _____

FEE RECEIVED ____/____/____ FEE AMOUNT _____