

**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. Two must be from licensed Occupational Therapists who can attest to the applicant's practice competence; the third must be from an associate who can affirm the applicant's moral and ethical attributes.

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