

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
PO BOX 18256, OKLAHOMA CITY, OK 73154
(405) 962-1400**

RECOMMENDATION

Three FORMS #4, Recommendation, are required. Two must be from physician assistants who can attest to your clinical competence; the third from an associate who can affirm the applicant's moral and ethical attributes. Applicants who have not practiced as a PA 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 completed by an official of a State or National PA 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