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

PA INFORMATION UPDATE

APPLICATION FOR: ☐ TRANSFER OR

☐ ADDITIONAL POSITION

NAME: _____

LICENSE NUMBER: _____

MAILING ADDRESS: _____

_____

PRIMARY PRACTICE ADDRESS: _____

_____

PRACTICE SETTING(S):

Primary Supervising Physician: _____

began: _____

Additional positions:

Primary Supervising Physician: _____

began: _____

Primary Supervising Physician: _____

began: _____

IF YOU ARE TRANSFERRING SUPERVISION FROM ONE PHYSICIAN TO ANTOHER, PLEASE INDICATE:

Previous Supervising Physician: _____

Supervision Ceased: _____

Signature of Physician Assistant: _____