

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

**The \$50 Application to Practice fee must be submitted with a request for transfer or additional position.**

**PA INFORMATION UPDATE**

APPLICATION FOR: TRANSFER \_\_\_\_\_ OR  
ADDITIONAL POSITION \_\_\_\_\_

NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PRIMARY PRACTICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PRIMARY PRACTICE PHONE NUMBER: \_\_\_\_\_

PRACTICE SETTING(S): (List any additional positions on back – any positions not listed will be deleted)

Primary Supervising Physician: \_\_\_\_\_

Date began: \_\_\_\_\_

Additional positions:

(1) Primary Supervising Physician: \_\_\_\_\_

Date began: \_\_\_\_\_

(2) Primary Supervising Physician: \_\_\_\_\_

Date began: \_\_\_\_\_

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

Previous Supervising Physician: \_\_\_\_\_

Date Supervision Ceased: \_\_\_\_\_

Signature of Physician Assistant: \_\_\_\_\_

PA UPDATE