

4. Attach a letter from the registrar verifying the college or university conferring applicant's degree and course work was accredited from an accrediting association as stated above. The letter must bear the seal of the college or university. Attach course descriptions from official college catalogs or bulletins as stated in D.

5. An incomplete application form will not be accepted; it will be returned to you to be completed. If you have any questions about this application form, call the Board of Medical Licensure and Supervision at (405) 848-6841.

I _____ hereby certify under oath that I am the person named on the verification of academic requirements for licensure in electrology and lawful possessor of the college diploma and transcripts submitted herewith, and that I am over twenty-one (21) years of age.

Date (mm/dd/yy)

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, _____.

(SEAL)

Signature of notary public

My commission expires: _____
(mm/dd/yy)

NOTE: All applications must be reviewed by the Registered Electrologists Advisory Committee. Following submission of this completed application and the required documents the material will be circularized to Committee Members for review. If all members agree that you meet the academic and educational requirements you will be sent an application for licensure. Your application for licensure must be completed and returned to the Board Office at least thirty (30) days prior to the next Committee meeting. Your application will be reviewed and if there are any further requirements you will be notified in time to provide them before the meeting. It will be necessary for you to appear at the Committee meeting for an interview. The Committee will then make a recommendation to the State Board of Medical Licensure and Supervision and you will be notified of the Board's decision on your application within fourteen (14) days of the meeting of the Board. If approved at this time you will be given the information pertaining to the internship program, as verified by the proctors, you will be allowed to take the next available examination and your scores will be reported to the Board for a decision on licensure.

Mail this form to: **State Board of Medical Licensure and Supervision**
P.O. Box 18256
Oklahoma City, OK 73154-0256

Or bring to: **5104 N. Francis, Suite C**
Oklahoma City, OK 73118