



**Board of Medical Licensure and Supervision**  
**101 N.E. 51st Street**  
**Oklahoma City, Oklahoma 73105**  
405/962-1400 [www.okmedicalboard.org](http://www.okmedicalboard.org)

**Registered Electrologist**  
**Continuing Education Report**

Name (Please print): \_\_\_\_\_

License Number: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Program Topic: \_\_\_\_\_

Program Date: \_\_\_\_\_

Program Length: \_\_\_\_\_

Relevance to Practice: \_\_\_\_\_

\_\_\_\_\_

**Include a copy of the program brochure, course syllabus or meeting agenda when submitting this form.**

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**When completed mail to:**

Registered Electrologist Advisory Committee  
Board of Medical Licensure and Supervision  
P.O. Box 18256  
Oklahoma City OK 73154-0256

-----**For Committee Use Only**-----

Number of CEU's accepted: \_\_\_\_\_

Date Approved: \_\_\_\_\_

RE Committee member signature: \_\_\_\_\_