



Board of Medical Licensure and Supervision
101 N.E. 51st Street
Oklahoma City, Oklahoma 73105
405/962-1400 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: _____