

Board of Medical Licensure and Supervision State of Oklahoma

101 N.E. 51st Street
Oklahoma City, OK 73105



P.O. Box 18256
Oklahoma City, OK 73154-0256

FILE REVIEW REQUEST

Under the Oklahoma Public Information Access procedures, I wish to review the public file of the following individual:

It is the policy of the Oklahoma State Board of Medical Licensure and Supervision to make available the public file of each individual who is/was licensed as a health professional in the State of Oklahoma. To ensure the integrity of the file, each individual requesting to review a file will be required to provide his or her name before access to the public file will be granted.

Person Reviewing File: _____
(Please print)

(Signature) (Date)

Name of Organization or Business Represented, if applicable:

Copies of documents in the public file will be provided at a cost of \$.25 per page. Certification will be provided at a cost of \$1.00 per page. Postage cost will be added to the total cost if we are mailing the information.

If you would like to request that the file be mailed, then mailing address and email address are **required** fields. Please provided them in the spaces provided.

Mail to: _____

Email: _____

Phone: _____

Payment Method: Cash Check Credit Card*

* Submit Credit Card authorization form

For office use only:

Date: _____

Copies made: _____ Cost: _____