

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

RECOMMENDATION

RECOMMENDATIONS: Two recommendations are required. One must be from a physician licensed in Oklahoma that can attest to the applicant's clinical competence. The second must be from an associate who can affirm the applicant's moral and ethical attributes. All recommendations must be in narrative form.

The following (please write your recommendation in the space provided below) is my recommendation to the Oklahoma State Board of Medical Licensure and Supervision on behalf of _____
Name of applicant

I am licensed in the state of _____, license number _____

date

Original Signature

Name – please type or print