



REQUEST FOR CERTIFICATION VERIFICATION

To request verification of your certification status for state regulatory or employment purposes, please complete the information below and submit it along with the \$25 processing fee payable with Visa, MasterCard, American Express or check/money order. Send this form along with payment to:

BOARD OF CERTIFICATION
Certification Verification
1415 Harney Street, Suite 200
Omaha, NE 68102

PERSONAL INFORMATION

Form fields for personal information: Name as It Appears on Certification Card, 9-Digit Certification Number, Last 4 digits of Social Security Number, Address, City, State, ZIP, Daytime Phone, and Email.

AGENCY - (Contact/Address information of institution requiring verification, i.e, state licensing office, employer, etc.)

Form fields for agency information: Agency/Institution (Oklahoma State Board of Medical Licensure and Supervision), Address (PO Box 18256), City (Oklahoma City OK 73154-0256), State, and ZIP.

PAYMENT INFORMATION

Payment Type: Visa, MasterCard, American Express, Check/Money Order (Circle One) (made payable to BOC)

Form fields for payment information: Account #, Exp. Date, Name on Account, Billing Address, Signature, and Date.

Enclose this form with payment and mail to the address above. If you have any questions, please feel free to contact the BOC at (877) 262-3926 ext. 20.