OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY, OK 73105
(405) 962-1400

APPLICATION FOR MODIFICATION

This form is to be completed if you would like your name changed on your license. If you have ***not*** been licensed yet, please stop and contact the number above.

A copy of official document showing the change in name must accompany this application form (i.e., marriage license, divorce decree, etc.)

PLEASE MAIL YOUR COMPLETED APPLICATION FORM, FEE AND REQUIRED DOCUMENTS TO THE ADDRESS ABOVE.

- ☐ Anesthesiologist Assistant ($60)
- ☐ Athletic Trainer ($30)
- ☐ Apprentice Athletic Trainer ($20)
- ☐ Dietician – Licensed ($30)
- ☐ Dietician – Provisional (30)
- ☐ Electrologist ($30)
- ☐ Medical Doctor ($60)
- ☐ Occupational Therapist ($30)
- ☐ Occupational Therapy Assistant ($30)
- ☐ Orthotist/Prosthetist ($30)
- ☐ Orthotist/Prosthetist Assistant ($30)
- ☐ Orthotist/Prosthetist Technician ($30)
- ☐ Pedorthist ($30)
- ☐ Physician Assistant ($30)
- ☐ Physical Therapist ($60)
- ☐ Physical Therapy Assistant ($30)
- ☐ Radiology Assistant ($60)
- ☐ Respiratory Care Practitioner ($30)
- ☐ Respiratory Care – Provisional ($25)
- ☐ Therapeutic Recreation Specialist ($30)

Enter your name as it is shown on your original license_____
Last First Middle

Mailing Address_____
Street City State Zip

Practice Address_____
Street City State Zip

How would you like your name to appear on your license?_____
Last First Middle

What is your license number?_____

Photograph must be mounted in space provided and ***must*** have been taken in the past twelve (12) months. Notary seal must be placed to the bottom of the photo.

PHOTO

Applicant's Signature_____

Notary Public Signature_____

Commission Number_____ Expires_____