



Oklahoma Medical Board of Licensure and Supervision  
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## REGISTERED ELECTROLOGIST CONTINUING EDUCATION REPORT

|                             |       |                      |       |
|-----------------------------|-------|----------------------|-------|
| Name                        | _____ | License<br>Number    | _____ |
| Program<br>Sponsor          | _____ | Sponsor<br>Signature | _____ |
| Program<br>Topics           | _____ |                      |       |
| Program<br>Date             | _____ | Program<br>Length    | _____ |
| Relevance<br>To<br>Practice | _____ |                      |       |

**INCLUDE A COPY OF THE PROGRAM BROCHURE, COURSE SYLLABUS OR MEETING AGENDA WHEN SUBMITTING THIS FORM.**

Licensee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

When completed, email to: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)  
**Put RE CEU Request in subject line.**

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Number of CEU's Accepted: \_\_\_\_\_

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