

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 the file will be required to provide their name before access to the public file will be granted.

Person Reviewing File: _____
(please print)

(signature)

(Email address – required)

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 will be added to total cost if we are mailing the information.

To pay with credit card once cost is known to go www.okmedicalboard.org “Bill Pay” tab in the middle of the screen.

Date: _____

Copies made: _____ Cost: _____

Payment: Cash _____ Check _____ CC Bill Pay Authorization # _____