OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET OKLAHOMA CITY OK 73105 Phone: (405) 962-1400 Fax: (405) 962-1440 email: <u>Licensing@okmedicalboard.org</u>

LMPT FORM 1 - VERIFICATION OF EDUCATION

AN EDUCATOR OF THE INSTITUTION FROM WHICH YOU OBTAINED YOUR PROFESSIONAL ACADEMIC DEGREE/CERTIFICATE MUST COMPLETE THIS FORM. THE SEAL OF THE INSTITUTION MUST BE IMPRESSED ON THIS FORM, OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE AUTHOR OF THIS FORM AND THE SIGNATURE NOTORIZED. ALL SIGNATURES MUST BE ORIGINAL.

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