

Oklahoma Board of Medical Licensure and Supervision

101 NE 51st Street, Oklahoma City, OK 73105

Please e-mail completed form to SupportServices@okmedicalboard.org or mail with check

I, the undersigned, hereby request the following information:

Check the appropriate boxes:

Data Format:

<input type="checkbox"/>	Comma Delimited Text
<input type="checkbox"/>	Excel Format

Delivery Method:

<input type="checkbox"/>	E-Mail
<input type="checkbox"/>	CD-ROM

Please Note: Licensee e-mail addresses are not available

Choose Profession(s): (\$120 for the report)

<input checked="" type="checkbox"/>	Code	Description	<input checked="" type="checkbox"/>	Code	Description
<input type="checkbox"/>	AA	Apprentice Athletic Trainer	<input type="checkbox"/>	PT	Physical Therapist
<input type="checkbox"/>	AT	Licensed Athletic Trainer	<input type="checkbox"/>	TA	Physical therapists Assistant
<input type="checkbox"/>	MD	Medical Doctor	<input type="checkbox"/>	LD	Licensed Dietitian
<input type="checkbox"/>	PA	Physician Assistant	<input type="checkbox"/>	PD	Provisionally Licensed Dietitian
<input type="checkbox"/>	OT	Occupational Therapists	<input type="checkbox"/>	RC	Respiratory care Practitioner
<input type="checkbox"/>	OA	Occupational Therapy Assistant	<input type="checkbox"/>	PR	Provisional Respiratory Care Practitioner
<input type="checkbox"/>	RE	Registered Electrologist	<input type="checkbox"/>	RPOA	Registered Prosthetist/Orthotist Assistant
<input type="checkbox"/>	LPED	Licensed Pedorthist	<input type="checkbox"/>	ROA	Registered Orthotist Assistant
<input type="checkbox"/>	LPO	Licensed Prosthetist/Orthotist	<input type="checkbox"/>	RTO	Registered Technician – Orthotic
<input type="checkbox"/>	LPR	Licensed Prosthetist	<input type="checkbox"/>	RTP	Registered Technician – Prosthetic
<input type="checkbox"/>	LO	Licensed Orthotist	<input type="checkbox"/>	RTPO	Registered Technician – Prosthetic/ Orthotic
<input type="checkbox"/>	RPA	Registered Prosthetist Assistant	<input type="checkbox"/>	ANA	Anesthesiologist Assistants
<input type="checkbox"/>	RA	Radiologist Assistants	<input type="checkbox"/>	LPMT	Licensed Professional Music Therapists

The Following Professions require additional charges of \$100 for each report:

<input type="checkbox"/>	POD	Podiatrist	<input type="checkbox"/>	LP	Licensed Perfusionist
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Check here for separate files per profession requested.

Choose License Status: (check all that apply)

Active

Inactive*

(*This will include outdated licensees)

Personal Data/Mailing Info:

<input checked="" type="checkbox"/>	Description	Sort BY:	<input checked="" type="checkbox"/>	Description	Sort BY:
<input type="checkbox"/>	First Name		<input type="checkbox"/>	Complete Mailing Address	
<input type="checkbox"/>	Middle Name		<input type="checkbox"/>	• Address Line 1	
<input type="checkbox"/>	Last Name		<input type="checkbox"/>	• Address Line 2	
<input type="checkbox"/>	Suffix (Jr., III)		<input type="checkbox"/>	• Address Line 3	
<input type="checkbox"/>	Gender (M, F)		<input type="checkbox"/>	• City	
<input type="checkbox"/>	Race		<input type="checkbox"/>	• State	
<input type="checkbox"/>			<input type="checkbox"/>	• Zip Code	
<input type="checkbox"/>			<input type="checkbox"/>	• Province (Non USA)	
<input type="checkbox"/>			<input type="checkbox"/>	• Country	
<input type="checkbox"/>			<input type="checkbox"/>	• County	

Internal Use Only (Shipped to)

Contact:	Payment Amount/Method:
Company Name:	Total Hours:
Email Address:	File Name:
Delivery Date and Method:	Completed by:

E-mail form to SupportServices@okmedicalboard.org if paying online, or Print and mail with check

Practice Address:

✓	Description	Sort BY:	✓	Description	Sort BY:
	Complete Practice Address			• State	
	• Address Line 1			• Zip Code	
	• Address Line 2			• Province (Non USA)	
	• Address Line 3			• Country	
	• City			• Practice County	
				• Practice Phone Number	

License Information:

✓	Description	Sort BY:	✓	Description	Sort BY:
	License Number			Endorsed By	
	License Issue Date			Supervisor Types (Non-MD Only)	
	License Expiration Date			Supervisor License Number (Non-MD Only)	
	License Status (Active, Inactive)			Supervisor Name (Non-MD Only)	
	Status Class			Specialty 1 (MD Only) – Primary	
	Board Certification 1 (MD Only)			Specialty 2 (MD Only)	
	Board Certification 2 (MD Only)			Specialty 3 (MD Only)	
	Board Certification 3 (MD Only)			Specialty 4 (MD Only)	
				Specialty 5 (MD Only)	
*Requesting Disciplinary Action, Disciplinary Remarks or Supervisor info may result in multiple records per license					
	Disciplinary Action			Discipline Remarks	
	Disciplinary Date				

Education:

(Requesting Education information will result in multiple records per licensee).

(One record for each school entry)

✓	Description	✓	Description
	High School or Undergraduate School Name		Post Graduate School Name
	High School or Undergraduate School City		Post Graduate School City
	High School or Undergraduate School State		Post Graduate School State
	High School or Undergraduate School Country		Post Graduate School Country
	High School or Undergraduate School From Month		Post Graduate School From Month
	High School or Undergraduate School From Year		Post Graduate School From Year
	High School or Undergraduate School To Month		Post Graduate School To Month
	High School or Undergraduate School To Year		Post Graduate School To Year
	High School or Undergraduate School Degree Received		Post Graduate School Degree
	Medical School Name		Medical School City
	Medical School From Month		Medical School Country
	Medical School To Month		Medical School From Year
	Medical School Degree		Medical School To Year

Additional Information

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Internal Use Only

Contact:	City, State, Zip:
Company Name:	Phone: Ext.
Address Line 1:	Fax:
Address Line2:	Email: Address:

E-mail form to SupportServices@okmedicalboard.org if paying online, or Print and mail with check

Please Type

Ship To:

Name			
Company Name			
Address Line 1			
Address Line 2			
Address Line 3			
City, State, ZIP			
Phone		Ext.#	
Fax		Ext.#	
E-Mail Address			

Method of Payment

(Check on one):

Check (Enclosed)

Online Credit Card Payment – “Bill Pay” tab in the middle our homepage (www.okmedicalboard.org).

After completing online payment Enter Transaction ID

Requestor's Signature: _____ **Date:** _____