

4. Names and phone numbers of persons who may provide additional information.

5. List any materials or documents that you have included relevant to your request for inquiry.

6. Have you sought mediation or any other avenue for resolution? If so, please describe:

7. What action would you like the Psychology Board to take?

8. Are you willing to give a sworn statement concerning the request for inquiry or testify at a Board hearing in Oklahoma City? Yes _____ No _____

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

I understand that the Oklahoma Board of Examiners of Psychologists provides copies of the request for inquiry to the individual(s) inquired about and I authorize the Board to give copies of this information to anyone who submits a public records request pursuant to Oklahoma Statute.

Signature

Date

STATE OF
COUNTY OF

Before me, the undersigned authority personally appeared _____ who, after being duly sworn, deposes and says that the foregoing (and any attached statement) is true and correct to the best of his/her knowledge and belief.

Seal

NOTARY PUBLIC

DATE

RETURN TO: Oklahoma State Board of Examiners of Psychologists
201 N.E. 38th Terrace, Suite 3
Oklahoma City, Oklahoma 73105