

ENDORSEMENT/RECIPROCITY
LICENSURE QUESTIONNAIRE

(Applicant to complete this portion)

Name _____

Address _____

Telephone: Res _____ () _____ Bus _____ () _____

Date of Birth _____ SS Number _____

EDUCATION: (Mark highest level)

High School _____ College _____ Graduate _____ Post Graduate _____

(State Licensure Board to complete this portion)

License # _____ Date Issued _____ Expiration Date _____

STATE _____ If this is not the state of original license, was license issued through reciprocity/endorsement? Yes _____ No _____ From what State? _____

Status of License: Active _____ Inactive _____ Expired _____

NAB Exam Scaled Score _____ Date _____ State _____

State Standards Exam _____ Date _____ State _____

Was an Administrator-In-Training (AIT) program completed? Yes _____ No _____
If yes, length of program _____

Has applicant ever been disciplined by your Board or is there an investigation or disciplinary action pending? Yes _____ No _____ If yes, please explain on separate sheet.

Signature & Title of person completing report

Phone Number, City and State

PLEASE RETURN FORM TO:
OSBELTCA
2401 NW 23RD, STE 62
OK CITY, OK 73107