

AFFIDAVIT FOR SURRENDER OF LICENSE

STATE OF OKLAHOMA

COUNTY OF _____

The undersigned, being of legal age and upon oath, hereby alleges and states as follows:

1. I am the holder of a license to practice osteopathic medicine issued by the Oklahoma State Board of Osteopathic Examiners (the "Board").

2. I request that the Board cancel my license to practice osteopathic medicine in the state of Oklahoma.

3. I hereby surrender the certificate for my license # _____.

4. The reason for my request to cancel my license is [check statement(s) applicable to you]:

I retired from the practice of osteopathic medicine effective [date] _____.

I terminated my practice of osteopathic medicine in the state of Oklahoma effective [date] _____ and plan to practice in one or more other states under the following licenses: [states/license numbers] _____.

I understand the Board is investigating conduct for which disciplinary action may be sought against me.

I understand the Board is seeking disciplinary action against me.

5. I understand that I must complete a full application for licensure and meet all licensing requirements then in effect if I wish to ask the Board to reinstate my license in the future.

6. My current address is _____
_____.

Signature (Osteopathic Physician and Surgeon)

Date

Printed Name

This document received and signature witnessed by:

Signature

Printed Name and Title