

Licensure/Certification Form

Oklahoma Board of Chiropractic Examiners

Part I: TO BE COMPLETED BY THE APPLICANT

Complete this part and submit a copy to each state where you hold or have ever held a license to practice psychology or a related profession, making copies of this form as necessary. By doing so, you authorize released of all information to this office.

Applicant Name: _____

Address: _____

License/Certification Number: _____ State of: _____

Applicant Signature: _____ Date: _____

Part II: TO BE COMPLETED BY AN OFFICIAL OF THE REGULATORY BOARD AND RETURNED TO THE ADDRESS BELOW

Licensee Name _____ Profession _____

License/Certification Number _____ Issue Date _____

License/Certification Status _____ Expiration Date _____

Is there any time period when the licensee's license was not active, for any reason? _____ Yes _____ No

If yes, please verify reason(s) and beginning and ending dates of non-active period(s):

Was the License/Certification issued based on licensure in another state? _____ Yes _____ No

If yes, what state? _____

If no, license was based on: State Exam _____ National Exam _____

(Check all that Apply) Reciprocity with _____ Endorsement _____

Education _____ Experience _____

Is License/Certification in good standing? _____ Yes _____ No

Has the License/Certification ever been revoked or suspended? _____ Yes _____ No

Do you have any disciplinary action information on file regarding the licensee? _____ Yes _____ No

If this license was ever revoked, suspended, or otherwise acted against, please attach a copy of the Board's action to this form.

Verified By: _____

Signature of Official _____ State _____

Board Seal

Printed Name and Title

Date Signed

Mailing Address:
Oklahoma Board of Chiropractic Examiners
421 N.W. 13th Street, Suite 180
Oklahoma City, Oklahoma 73103

Telephone: (405) 522-3400
Fax: (866) 245-2748