



Dear Applicant:

To assist the Department of Public Safety in evaluating your application for a drivers license, please have the attached questionnaire completed by one of the following *most familiar with your medical history*:

- a) The facility where you received treatment;
- b) Licensed psychiatrist, a psychologist licensed in Oklahoma, or a doctoral level psychologist licensed for independent practice in another state;
- c) Licensed physician specializing in substance abuse treatment;
- d) Alcohol/drug counselor certified by the state Department of Mental Health Substance Abuse Services.

After the questionnaire has been received and reviewed, you will be notified by mail of the results of the evaluation. Thank you for your cooperation.

4) Recovery Prognosis:

5) In your professional opinion, does this person have the substance abuse problem under control?
Yes ___ No ___. If no, please explain:

Date Report Completed

Signature

Print Name

Certificate Number and Specialty

Mailing Address

City State Zip

() _____
Phone Number

Mail completed form to:
Exec Secy. Medical Advisory Committee
Department of Public Safety
P.O. Box 11415
Oklahoma City, OK 73136-0415