Creating a State of Health

PROTECTIVE HEALTH SERVICE

Oklahoma State Department of Health
Protective Health Services / Consumer Protection
1000 NE 10th St., Oklahoma City, OK 73117
Telephone: (405) 271-5779
Fax: (405) 271-5286

MEDICAL MICROPIGMENTATION
Licensee Change of Information Form

CURRENT INFORMATION:

Name: _____ ____ _____
First MI Last

License #: _____

License Expiration: _____

UPDATES:

(The following changes will be made permanent to the license file(s) noted above.)

Are you changing your name: ☐ Yes ☐ No

If Yes, new name: _____ ____ _____
First MI Last

If changing your name, please provide a government issued document that reflects the change

Residence Address: _____ _____ _____ _____
Address City State Zip

Mailing Address: _____ _____ _____ _____
Address City State Zip

Sex: ☐ Male ☐ Female

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Supervising Physician: ☐ Add as New/Additional ☐ Remove/Deactivate ☐ Address Change

Physician Name: _____ Phone #: _____

Licensing Board: _____ Licensure #: _____

Physical Address: _____

Signature: _____ **Date:** _____

I HEREBY CERTIFY this form contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____