



This request form is intended for use in obtaining the below documents. Please complete all fields before submitting. The second attachment is only required when requesting a license verification. You may mail this completed form to 4848 N. Lincoln Blvd Ste. 100, Oklahoma City, OK 73105 with a check for owed funds, or submit via email at licensing@osboe.ok.gov if you'd prefer to pay the invoice over the phone. **Note:** These forms are also available for order online in the physician's licensee dashboard.

Date: _____

Requestor's Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Type of Request:

- | | | |
|---|--------------------------|----------------|
| License Verification
(For other licensing boards – complete attached) | <input type="checkbox"/> | \$30.00 |
| Letter of Good Standing
(Addressed to the Secretary of State) | <input type="checkbox"/> | \$30.00 |
| Letter of Good Standing
(Credentialing, employer requests, etc.) | <input type="checkbox"/> | \$30.00 |
| D.O. Licensure File | <input type="checkbox"/> | \$50.00 |
| D.O. Disciplinary File Only | <input type="checkbox"/> | \$25.00 |
| Physician Database | <input type="checkbox"/> | \$50.00 |

Request Concerning the Following:

License No. _____

Physicians Name: _____

Signature: _____



LICENSE VERIFICATION REQUEST

Please enter the required information, sign, and date at the bottom. Include this form with the License Request Form and the required fee.

Physician Last Name: _____ **Physician First Name:** _____ **M.I.:** _____

Other Names Used (if applicable): _____

Date of Birth: _____

License Issue Date: _____

License No.: _____

Verification Mailed **or** **Verification Emailed**

I, _____, hereby authorize and request the Oklahoma State Board of Osteopathic Examiners to provide information regarding my license including documents and/or records regarding disciplinary action against me or my license to:

Agency

Street Address

City State Zip

Email

Signature: _____ **Date:** _____