



Request Form

Please mail completed form and check for owed funds to:
Oklahoma State Board of Osteopathic Examiners
4848 N. Lincoln Blvd, Suite 100
Oklahoma City, OK 73105
405-528-8625

Date: _____

Requestor's Name: _____

Mailing Address: _____

E-mail address: _____

Phone number: _____

Type of Request:

License Verification (For other licensing boards - complete attached)	_____	\$30.00
Letter of Good Standing (Addressed to the Secretary of State)	_____	\$5.00
Letter of Good Standing (Credentialing, employer requests, etc.)	_____	\$5.00
D.O. licensure file (Once submitted, we will respond with an invoice)	_____	\$10.00/plus \$.25 per pg
D.O. Disciplinary file only	_____	\$10.00
Physician Database	_____	\$50.00

Request Concerning the Following:

License No. _____

Doctor's Name: _____

Signature: _____



LICENSE VERIFICATION REQUEST

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

Full Name: _____

Other Names Used (if applicable): _____

Date of Birth: _____

License Issue Date: _____

License No.: _____

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

Signature: _____ **Date:** _____

4848 N. Lincoln Blvd. Suite 100 Oklahoma City, OK 73105
Phone: 405-528-8625 Fax: 405-557-0653 Website: www.osboe.ok.gov