



# OKLAHOMA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

Revised 9/2012

## OUT OF STATE LICENSURE VERIFICATION

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**Candidate Name:**

**Please have your Board office complete this form and forward it to the Oklahoma Board office.**

I hereby certify that License/Certificate Number (circle one) \_\_\_\_\_ was issued to \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, based on credentials at the Doctoral level in psychology that he/she is currently on Active Status in good standing in this state, and that there are no outstanding complaints or charges filed against this Psychologist.

I further certify that he/she passed the Examination for the Professional Practice in Psychology taken on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ with a score of \_\_\_\_\_ percent correct.

In testimony whereof witness my hand and seal:

AFFIX OFFICIAL BOARD SEAL BELOW:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

**Please return this form to:**

**Teanne Rose, Executive Officer  
Oklahoma State Board of  
Examiners of Psychologists  
421 NW 13<sup>th</sup> Street, Suite 180  
Oklahoma City, OK 73103**

**Telephone: 405/522-1333**