

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
P.O. Box 18256 Oklahoma City, OK 73154-0256 (405) 962-1400

PHOTOGRAPH

THIS PHOTOGRAPH, TAKEN WITHIN THE PAST
TWELVE MONTHS, IS A CORRECT LIKENESS OF
MYSELF.

SEAL

MOUNT PHOTOGRAPH HERE
IMPORTANT: AFFIX NOTARY SEAL
PARTIALLY ON THE PHOTO,
PARTIALLY ON THE APPLICATION

APPLICANT SIGNATURE

NOTARY SIGNATURE

COMMISSION NUMBER: _____

MY COMMISSION EXPIRES: _____

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I, _____, hereby certify under oath or affirmation, that I am the person named in this application for license to practice as a (profession) _____ in the State of Oklahoma; that all statements I have made herein are true; that I am the original and lawful possessor of the required credentials for licensure; that the photograph is a true resemblance of me and was made within the last 12 months; that in consideration of the issuance to me of a license to practice in the State of Oklahoma, I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for the revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Medical Licensure and Supervision or its successors any information, files or records requested by the Board in connection with this application. I further authorize the Oklahoma State Board of Medical Licensure and Supervision or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

(SEAL)

APPLICANT'S SIGNATURE

SWORN TO BEFORE ME: _____

NOTARY PUBLIC

COMMISSION NUMBER: _____

MY COMMISSION EXPIRES: _____