

OKLAHOMA STATE BOARD OF PODIATRIC MEDICAL EXAMINERS
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256

ENDORSEMENT/VERIFICATION OF LICENSURE

A computer generated substitute for this form is acceptable provided it contains ALL the information described below and bears original signatures.

Send one of these forms to each state in which you now hold or have ever held a license to practice podiatry. Have the state return it to YOU. Check it for accuracy and completeness. **SUBMIT IT WITH YOUR COMPLETE APPLICATION.**

I, _____, hereby authorize and request the State
(Please print your full name)

Licensing Authority in _____ having control of
(Name of State)

documents, records and other information pertaining to me to furnish to the Oklahoma State Board of Podiatry, any and all documents, records, information, including charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

(Signature)

Date of Birth _____ / _____ / _____ Social Security Number _____ - _____ - _____
month day year

Maiden Name/Alias/known by any other name: _____

Current Address: _____

>THIS SECTION TO BE COMPLETED BY THE LICENSING AUTHORITY<

State of: _____ License Number: _____

Date Issued: _____ Expiration Date: _____

Licensure based on: _____

Current Status: _____

1. Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state?
YES ___ **NO** ___ **UNABLE TO DIVULGE** ___ If **YES**, please attach details.
2. Have formal disciplinary proceedings been initiated against applicant or applicant's license by a disciplinary authority in your state?
YES ___ **NO** ___ **UNABLE TO DIVULGE** ___ If **YES**, please attach details.
3. Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state?
YES ___ **NO** ___ **UNABLE TO DIVULGE** ___ If **YES**, please attach details.
4. Comments: _____

Signed: _____

SEAL

Title: _____

Date: _____