

**OKLAHOMA STATE BOARD OF PODIATRIC MEDICAL EXAMINERS
101 NE 51ST STREET
OKLAHOMA CITY, 73105**

This form is to be completed by a podiatrist who is personally acquainted with you. It serves as one of your required three (3) letters of recommendation.

Applicant's Name _____

The following narrative regarding the applicant details the clinical skills and competency. I am in support of this applicant's application of licensure.

Brief narrative: _____

I further certify that I hold a current, unrestricted license in the state of _____

Printed Name _____

Signature _____

Date _____