

FORM #4

**OKLAHOMA STATE BOARD OF PODIATRIC MEDICAL EXAMINERS**

**P.O. Box 18256**

**Oklahoma City, Ok 73154-0256**

This form is to be completed by a podiatrist who is personally acquainted with you. It serves as one of your required three letters of recommendation. Three of these forms are required. Duplicate this form for the remaining recommendations.

=====

I, \_\_\_\_\_  
(Name of Certifier - Please Type or Print)

do hereby certify that I am personally and well-acquainted with the applicant

\_\_\_\_\_  
(Name of Applicant)

The following is my recommendation to the Oklahoma State Board of Podiatry in support of his/her application for licensure (Give brief narrative recommendation below):

I further certify that I hold a current, unmodified, license in the state of:

\_\_\_\_\_ License Number \_\_\_\_\_  
(Name of state)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature