

Oklahoma State Board of Chiropractic Examiners 421 NW 13th St., Suite 180 Oklahoma City, OK 73103 Phone (405) 522-3400 www.chiropracticboard.ok.gov

FOR BOARD USE ONLY:		
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Fee:		

FEE \$10.00 Check or money order made payable to: OBCE

LICENSURE VERIFICATION REQUEST FORM

TO BE COMPLETED BY REQUESTOR:			
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Contact Number	Email	Delivery Method	
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		Email	
Last Name of Licensee	First Name of Licensee	License Number (if known)	

TO BE COMPLETED BY OBCE:

Last Name	
First Name	
License Number	
Issue Date	
Expiration Date	
Disciplinary Actions	

Seal

Signature of OBCE Employee

Date

Printed Name and Title