



OKLAHOMA
State Department
of Health

PROTECTIVE
HEALTH
SERVICES

Oklahoma State Department of Health

Consumer Health Service

Occupational Licensing

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<http://chs.health.ok.gov>

Information Update Form

OLD INFORMATION:

Name: _____ Degree: _____

Address I: _____

Address II: _____

City, State: _____ Zip: _____

Phone: _____

Place of Employment: _____

NEW INFORMATION:

Name: _____ Degree: _____

License Number (if applicable) _____

Address I: _____

Address II: _____

City, State: _____ Zip: _____

Phone: _____

Email: _____

Place of Employment: _____

Date changes become effective: _____

..... (For Board Use Only)

Date Updated: _____ Staff Initials _____