FORM #4 (AA)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
PO BOX 18256, OKLAHOMA CITY, OK 73154
(405) 962-1400

RECOMMENDATION

The applicant must submit two personalized and individualized letters of recommendation from anesthesiologists. Letters of recommendation must be composed and signed by the applicant's supervising physician, or, for recent graduates, the faculty physician, and give details of the applicant's clinical skills and ability. Each letter must be addressed to the State Board of Medical Licensure and Supervision and must have been written no more than six (6) months prior to the filing of the application for licensure.

The following (please write your recommendation in the space provided below) is my recommendation to the Oklahoma State Board of Medical Licensure and Supervision on behalf of _____
Name of applicant

I am licensed in the state of _____, license number _____

_____ _____
date Original Signature

_____
Name – please type or print

AAFOUR(11/08)