Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org
This form must be completed by the institution and sent directly from the institution.

Applicant's Name _____

Institution: _____ City/State _____

Our records indicate that the above named applicant attended your medical school on the following dates:

From ____/____/____ To ____/____/____
Month Day Year Month Day Year

Awarded degree of _____ on ____/____/____
Month Day Year

1.	Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.	☐ **YES**	☐ **NO**
2.	Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ **YES**	☐ **NO**
3.	Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	☐ **YES**	☐ **NO**
4.	Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below	☐ **YES**	☐ **NO**
5.	Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	☐ **YES**	☐ **NO**

Please explain any "YES" response from above: _____

Completion of the following is certification that the information above is an accurate account of this individual's records and are true and correct.

Name: _____ **Signature** _____

Title of Signatory: _____ **Signature Date** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Revised 03/2024