Form 1 (PA)

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 _____

I authorize the release of any information from any source requested by the Oklahoma Medical Board.

_____
Signature of Physician Assistant

Our records indicate that the above-named applicant attended the above-named institution on the following dates:

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

And was awarded the degree of _____ on ____/____/____
Month Day Year

1.	Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her education? If yes, please explain.	☐ **YES**	☐ **NO**
2.	Does this individual's official record reflect that he/she was placed on academic or disciplinary probation during his/her 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 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 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: _____

I affirm the information provided on this form is true and correct.

Printed Name of Official	**Title of Official**
Signature of Official	**Date Signed**
Official's Email	

Revised August 1, 2025