STATE OF OKLAHOMA

SOONERCARE TRAINING REQUEST FORM

Provider Information:

Provider name: _____
Provider ID#: _____
Address: _____

_____

CITY STATE ZIP CODE

Phone Number: (___) _____

Contact Person: _____

Reason visit requested:

_____

_____

_____

_____

_____

PLEASE FAX FORM TO: Administrative Services
FAX: (405) 530-3228
Phone: 1-800-522-0114, option 1