AFFIDAVIT

For Surrender of License

STATE OF)	
COUNTY OF) ss.)	
I, the undersigned Licensee [Licensee], af am the holder of an Oklahoma license to practic Oklahoma State Board of Osteopathic Examin Affidavit For Surrender of License [Affidavit] t state of Oklahoma. I request that the Board cance the state of Oklahoma pursuant to Title 59 O.S. considered for reinstatement upon compliance p acknowledge, upon cancellation, I will no longe the state of Oklahoma, and further state as follows.	ce osteopathic medicine [ers [Board]. I am volute to cease practicing Osteopel my license to practice of \$642. It is understood the pursuant to Title 59 O.S. or be eligible to practice of	License] issued by the ntarily submitting this pathic Medicine in the osteopathic medicine in at my License may be §§ 637,641, & 642. I
1. I hereby surrender my certificate for L	icense Number:	
2. I acknowledge that the purpose of my (<i>Check all items that apply below</i>)	request for cancellation in	n Oklahoma is:
I retired from the practice of osteopathic i	medicine effective:	
	· · · · · · · · · · · · · · · · · · ·	Date
☐ I terminated my osteopathic medicine pra	ctice effective:	Date
I will continue practicing in these states u	nder the following license	e numbers:
I am informed that the Board has an acknowledge disciplinary action may be by I am aware a Complaint is filed again disciplinary action against me, the result to	orought against me.	the Board is seeking
Signature of Licensee (In presence of a Notary)	Printed Name	
Subscribed and sworn to before me this My Commission Expires:	_ day of	, 20