



LICENSE VERIFICATION REQUEST FORM

Oklahoma State Board of Examiners of Psychologists

This form is provided for individuals or organizations who require written verification of a psychologist's licensure in Oklahoma. Please complete the information below and submit this form with the required fee of **\$35.00 per requested name** to the Board office.

REQUESTOR INFORMATION	
Contact Name:	Company:
Phone:	Email:
Mailing Address:	

Preferred Delivery Method: ☐ Mail ☐ Email*

***All verifications will be sent to the email address provided above unless a mailed copy is specifically requested.**

Psychologist's Information		
Name (First, Last, Credentials):	License No.	Fee
		\$35.00

Total Check or Money Order Enclosed:

Mail this form and payment to:

Oklahoma State Board of Examiners of Psychologists
421 NW 13th Street, Suite 180
Oklahoma City, OK 73103

For OSBEP use only :		
_____	_____	Check #: _____ \$ _____.
Processed by	Date	

Questions? Contact the Board office at (405) 522-1333 or boardstaff@psychology.ok.gov