



LETTER OF GOOD STANDING REQUEST

This form is to be completed by any individual or organization requesting an official Letter of Good Standing from the Oklahoma State Board of Examiners of Psychologists. The information provided will be used to verify the licensee's status and prepare the requested documentation. Please complete the information below and submit this form with the required non-refundable fee of **\$75.00** to the Board office.

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

Preferred Delivery Method: ☐ Mail ☐ Email*

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

PSYCHOLOGIST INFORMATION
Full Name (First, Middle, Last):
Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.
OK License Number:

Total Check or Money Order Enclosed:

Mail this form and the non-refundable \$75.00 check or money order to:

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

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