



LICENSURE VERIFICATION REQUEST FORM

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 non-refundable 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 the non-refundable check or money order for the correct amount of all requests to:

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

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