



Board of Medical Licensure and Supervision
101 N.E. 51st Street
Oklahoma City, Oklahoma
(405) 962-1400 www.okmedicalboard.org

**Registered Electrologist
Continuing Education Report**

Name (Please print): _____
License Number: _____
Program Sponsor: _____
Sponsor Signature: _____
Program Topic: _____
Program Date: _____
Program Length: _____
Relevance to Practice: _____

**Include a copy of the program brochure, course syllabus or
meeting agenda when submitting this form.**

Licensee Signature: _____ Date: _____

When completed mail to:

Registered Electrologist Advisory Committee
Board of Medical Licensure and Supervision
P.O. Box 18256
Oklahoma City OK 73154-0256

-----For Committee Use Only-----

Number of CEU's accepted: _____
Date Approved: _____
RE Committee member signature: _____