



Oklahoma Medical Board of Licensure and Supervision  
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## REGISTERED ELECTROLOGIST CONTINUING EDUCATION REPORT

Name	_____	License Number	_____
Program Sponsor	_____	Sponsor Signature	_____
Program Topics	_____		
Program Date	_____	Program Length	_____
Relevance To Practice	_____		

**FOR CONSIDERATION OF CE HOURS, A COPY OF THE PROGRAM BROCHURE,  
COURSE SYLLABUS OR MEETING AGENDA MUST ACCOMPANY THIS FORM.**

Licensee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

When completed, email to: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)  
In the subject line note: RE CEU Request

### FOR COMMITTEE USE ONLY

Number of CEU's Accepted: \_\_\_\_\_

Date Approved: \_\_\_\_\_

RE Committee Member Signature: \_\_\_\_\_