

Course Number 201500409

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Ethics & Professional Responsibility for Physical Therapy Professionals

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction where learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____;
Other _____

Contact hours Requested for Category B Activity: 3 (Mandatory Ethics CE)

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 3 Category A B Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Course Number 201500470

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel

1201 Alison Ln.

Darien, IL 60561

Phone Number:

(630) 706-0093

Seminar or Course Title: Post-Stroke Rehabilitation

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____ ; **Home study course** _____ ;
Other _____

Contact hours Requested for Category B Activity: 1

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SC Ethics- Yes No

Approved for 1 Category A B Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Course Number 201500419

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Osteoporosis

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 or Web Site: http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; Video/Audio course _____; Home study course _____; Other _____

Contact hours Requested for Category B Activity: 1

Committee Use Only:

Date reviewed: 11-21-13 Reviewer Initials: SU Ethics- Yes No

Approved for 1 Category A (B) Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Course Number 201500418

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Osteoarthritis of the Knee

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 or Web Site: http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; Video/Audio course _____; Home study course _____;
Other _____

Contact hours Requested for Category B Activity: 1

Committee Use Only:

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 1 Category A Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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Course Number 201500415

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel

1201 Alison Ln.

Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Concussion / Traumatic Brain Injury (TBI)

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____;
Other _____

Contact hours Requested for Category B Activity: 2

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes/No

Approved for 2 Category A Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
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Course Number 201500421

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel

1201 Alison Ln.

Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Parkinson's Disease

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____;
Other _____

Contact hours Requested for Category B Activity: 2

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 2 Category A Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
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4

Course Number 201500422

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Rheumatoid Arthritis

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 or Web Site: http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; Video/Audio course _____; Home study course _____;
Other _____

Contact hours Requested for Category B Activity: 2

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes/No

Approved for 2 Category A (B) Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

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Denied (reason): _____ OCT 25 2013

Course Number 201500416

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:

(630) 706-0093

Seminar or Course Title: HIPAA Privacy & Security Basic Course

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____;
Other _____

Contact hours Requested for Category B Activity: 1

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 1 Category A Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
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Course Number 201506411

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Multiple Sclerosis : Care and Management of the Patient

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____ ; **Home study course** _____ ;
Other _____

Contact hours Requested for Category B Activity: 3

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SC Ethics- Yes No

Approved for 3 Category A Hours for the 2013-14 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
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Course Number 201500412

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Carpal Tunnel Syndrome

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____; **Other** _____

Contact hours Requested for Category B Activity: 3

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes/No

Approved for 3 Category A/ Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
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Course Number 201500414

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Rotator Cuff Injuries

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____; **Other** _____

Contact hours Requested for Category B Activity: 3

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 3 Category A Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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OKLAHOMA STATE BOARD OF
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Course Number 201500410

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Alzheimer's Disease

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 or Web Site: http://blxtraining.com

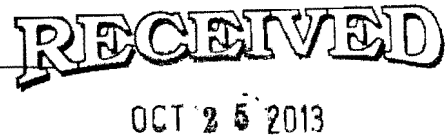
Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website <http://blxtraining.com>) Upon Approval

Contact hours Requested for Category A Activity: _____

or



Category B - Asynchronous Instruction (Instructional interaction and learner participation occurs other than simultaneously, offering either a delayed opportunity for instructional feedback)



On-line course ; Video/Audio course _____; Home study course _____; Other _____

Contact hours Requested for Category B Activity: 4

Committee Use Only:

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 4 Category A Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

Course Number 201500413

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Management of Chronic Low Back Pain

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____;
Other _____

Contact hours Requested for Category B Activity: 3

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 3 Category A B Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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**OKLAHOMA STATE BOARD OF
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Course Number 201500417

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Phone Number:
(630) 706-0093

Seminar or Course Title: Infection Control & Standard Precautions

Sponsor of Seminar or Course (as listed on certificate): Biologix Solutions LLC

Sponsor Telephone: 630-706-0093 **or Web Site:** http://blxtraining.com

Requesting approval for Category A or Category B:

 Category A - Synchronous (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: Ongoing (Offered Online through website http://blxtraining.com) Upon Approval

Contact hours Requested for Category A Activity: _____

or

Category B - Asynchronous Instruction (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course ; **Video/Audio course** _____; **Home study course** _____; **Other** _____

Contact hours Requested for Category B Activity: 3

Committee Use Only: _____

Date reviewed: 11-21-13 Reviewer Initials: SL Ethics- Yes No

Approved for 3 Category A B Hours for the 2014-15 reporting period

Tabled- Need additional information: _____

Denied (reason): _____

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MEDICAL LICENSURE
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