



OKLAHOMA OSTEOPATHIC ASSOCIATION

INTERN/RESIDENT/FELLOWSHIP

LOCATOR FORM

The Oklahoma Osteopathic Association would like to stay in touch with you and provide you with mailings and updates on Association news. Please complete the form below and fax to the OOA office at 405.528.6102.
Thank You!

Full Name: _____

Office Address: _____

Office County: _____

Residence Address: _____

Office #: _____ Fax #: _____ Home #: _____

E-mail Address: _____

Name of Spouse: _____ Your Birthdate (Mo/Day/Yr) _____

Osteopathic College and Year of Graduation: _____

Primary Practice Category: (i.e. Family Practice, Internal Medicine, etc.) _____

Are you AOA Certified? yes no Specialty(s) _____

Other than AOA Certified? yes no Specialty(s) _____

To what osteopathic specialty college(s) do you belong?(i.e.ACOFP) _____

Are you in a Fellowship training program? yes no

What is your nature of practice? (i.e., private practice, military, public health, college faculty, hospital, residency training, etc.)

Are you a current AOA Member? yes no AOA Number: _____

Anticipated postgraduate training completion date: _____

I have moved out of state and wish to receive CME mailings only: yes no