

**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
APPLICATION FOR LICENSURE BY ENDORSEMENT**

AUG 6 1993

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM IN FULL.

LAST NAME: <u>BROWN</u> FIRST NAME: <u>LEE</u> MIDDLE NAME: <u>EDWARD</u> SUFFIX: <u>MR, MD</u> SOC. SEC. NUMBER: _____	MAILING ADDRESS: <u>University of Texas Health Center at Tyler, Family Practice</u> STREET/P.O. BOX: <u>2003</u> CITY: <u>Tyler</u> STATE: <u>TX</u> ZIP: <u>75710</u>
DATE OF BIRTH: <u>04/12/58</u> PLACE OF BIRTH: _____ Mo. Day Yr. CITY: <u>Valdosta</u> STATE: <u>GA</u> COUNTRY: <u>Lowdes</u>	PRACTICE ADDRESS: <u>University of Texas Health Center at Tyler, Family Practice</u> CITY: <u>Tyler</u> POB <u>2003</u> STATE: <u>TX</u> ZIP: <u>75710</u>
MILITARY SERVICE	
BRANCH: <u>N/A</u> RANK: <u>N/A</u> FROM MO/YR FROM: <u>N/A</u> MO/YR TO: <u>N/A</u>	
2. RACE: CAUCASIAN <input checked="" type="checkbox"/> BLACK _____ AM. INDIAN _____ HISPANIC _____ OTHER(SPECIFY) _____ SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
3. E.C.F.M.G. NUMBER: <u>398-380-6</u> DATE ISSUED: <u>01/24/89</u> MO DAY YEAR PRIMARY SPECIALTY: 1. <u>Family Practice</u> SECONDARY SPECIALTIES: 2. <u>N/A</u> 3. <u>N/A</u>	
List all certification, past and present, by specialty boards which are approved by members of the American Board of Medical Specialities (ABMS) and recognized by the AMA/CME Liaison Committee for Specialty Boards (LCSB): (1) <u>N/A</u> (2) <u>N/A</u>	
HAV YOU EVER BEEN LICENSED IN THE STATE OF OKLAHOMA? <u>No</u> (1) PROFESSION: <u>N/A</u> (2) DATE ISSUED: <u>N/A</u> (3) LICENSE #: <u>N/A</u>	

EXAMINATIONS
Number of times taken:

National Boards: Part I N/A Part II N/A Part III N/A

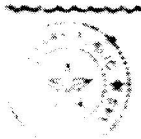
FLEX: Part N/A Part II N/A Part III N/A Component I 1 Component II 1

USMLE: Part N/A Part II N/A Part III N/A

State Board: N/A (which state? N/A)

LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HAD AUTHORIZATION TO PRACTICE N/A

A. _____	B. _____	C. _____	D. _____	E. _____
F. _____	G. _____	H. _____	I. _____	J. _____



HERE
 DEBRA FRY
 NOTARY PUBLIC
 State of Texas
 Exp. 04-15-95

DEBRA FRY
 NOTARY PUBLIC
 State of Texas
 THIS PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN THE PAST TWELVE MONTHS.
 THIS IS TO CERTIFY THAT THE PHOTOGRAPH IS A CORRECT LIKENESS OF THE APPLICANT.
Debra Fry
 NOTARY PUBLIC