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# **Francis Tuttle Technology Center**


## **Surgical Technology (ST)**

### **Supplemental Application Documents**

**Academic Year: 2026-2027**

**Start Date**  
**January 2027**

**Francis Tuttle Health Sciences Center**  
**12777 N. Rockwell Avenue**  
**Oklahoma City, OK 73142**  
**[www.francistuttle.edu](http://www.francistuttle.edu)**  
**405-717-4900**



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## ACCREDITATION

The Surgical Technology Program at Francis Tuttle Technology Center at the Rockwell Campus located in Oklahoma City, Oklahoma is accredited through the State of Oklahoma by the:

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Oklahoma Board of Career & Technology Education  
1500 West 7th Ave.  
Stillwater, Oklahoma 74074  
1-405-377-2000  
[CareerTech \(oklahoma.gov\)](http://CareerTech.oklahoma.gov)

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Oklahoma State Department of Education 2500  
North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105  
1-405-521-3301  
[Oklahoma State Department of Education](http://Oklahoma State Department of Education)



Non-Discrimination Policy

## TABLE OF CONTENTS

<b>Application and Program Dates</b> .....	2
<b>Application Process</b> .....	2
<b>Program Overview</b> .....	3
<b>Admission Requirements</b> .....	3
Academic Admission Requirements .....	3
Assessment Testing Information .....	3
Non-Academic Admission Requirements .....	4
Physical and Mental Requirements .....	4
International Applicant Requirements .....	5
<b>Preference Points System</b> .....	7
<b>Requirements for New Students</b> .....	9
Criminal Background Check.....	9
Urine Drug Screening.....	9
Marijuana Statement.....	9
Tuition Payment .....	9
Computer Equipment and Literacy Requirements .....	10
Additional Documentation.....	10
CPR-BLS.....	10
<b>Application Forms</b>	
ST Application Checklist .....	11
Validation of Work Experience Form .....	12
Background Check Procedures and Release of Information Form.....	13

## APPLICATION AND PROGRAM DATES

Important application and program date information is noted in the chart below.

Enrollment Option	Program Option Length	Application Deadline	Selected Applicants Notified
Spring Cohort <ul style="list-style-type: none"> <li>• 2026</li> <li>• January - December</li> </ul>	Begins: January Ends: December Duration: 10 months depending on clinical and lab schedule. A summer break is included. *	First Friday in October	Three weeks after the application deadline

*\*Dates are subject to change.*

## APPLICATION PROCESS

**The Application to the Surgical Technology (ST) Program is located online at: [Application Process | Francis Tuttle Technology Center](#)**

All Supplemental Application documents must be submitted in person to Lauren Harlow in the Career Planning Center at the Rockwell Campus Center, Room RK01-A1040. She will assess the applicant’s file for completion, but it is ultimately the applicant’s responsibility to verify the completeness of the application file. **Supplemental Application Documents are located on the Surgical Technology webpage here: [Surgical Technologist | Francis Tuttle Technology Center](#)**

**Only completed files with all documents on the checklist, transcripts, and test scores verifying eligibility requirements will be eligible for application.**

Due to the volume of applications and the number of items per applicant, applicants must submit all of the required documents at one time.

All applications (regardless of submission date) are considered current from April 1, 2026 – March 5, 2027. After March 5, 2027, the applicant should submit a new application. Assessment test results may also need to be updated.

## PROGRAM OVERVIEW

The Surgical Technology Program is designed to prepare students for a career as a Surgical Technologist, a critical member of the surgical team. Surgical Technologists assist in surgical operations, preparing the operating room, sterilizing instruments, and ensuring that the surgical team has the necessary tools and supplies. This program combines classroom instruction with hands-on clinical experience to equip students with the skills and knowledge required to excel in this fast-paced and demanding field.

**Please note:** *This program is open exclusively to post-secondary adult students. Applicants must have completed high school or obtained an equivalent diploma, such as a GED, prior to applying.*

### Program Schedule

Class begins in January and end in December.

Class will be held from 0800 to 1530 Monday – Friday with a lunch break from 1100-1230.

Clinicals will begin in August, at various locations, Monday -Thursday from 0630-1500\* with an admin/class day every Friday.

## ADMISSION REQUIREMENTS

### 1. Academic Admission Requirements\*

- a. Admission to Francis Tuttle Technology Center.
- b. Proof of High School Graduation from a high school in the United States or Equivalent.
- c. Must meet minimum Assessment Test requirements; see boxes below. **Scores must be less than 2 years old at the time of application**

*\*International applicants may have to meet other admission requirements*

Accuplacer Next Generation
Reading - 240 Writing - 240 Math - 240

**Applicants must submit Assessment Test scores. The following options qualify for the Assessment Test requirements:**

### Assessment Testing Information

**Accuplacer Next Generation Testing** – The Accuplacer Next Generation Exam is administered at Francis Tuttle and is also available at many other colleges and universities.

- [Frequently Asked Questions | Francis Tuttle Technology Center](#)

**DAT (Abstract Reasoning)** - To be administered on campus at the Testing Center or results

provided by applicant. (\$17 fee)

**Schedule the above two exams at [Francis Tuttle Technology Center - Rockwell Campus Exam Selection | RegisterBlast](#)**

**Dexterity Test** – To schedule, contact Program Director Nathaniel Beck at [Nathaniel.Beck@francistuttle.edu](mailto:Nathaniel.Beck@francistuttle.edu).  
*Title email Dexterity Test Appointment.*

## **2. Non-Academic Admission Requirements**

Criteria taken into account when admitting first time or transfer students:

- Whether the applicant has been expelled, suspended, or denied admission by any educational institution.
- Whether the applicant's conduct has been such that if the applicant were a student at the time of the conduct in question would have been grounds for expulsion, suspension, dismissal, or denial of readmission to the program.

Criteria taken into account when readmitting withdrawn students:

- Reason for withdrawal
- Faculty recommendation
- Actions taken to correct deficiencies

Students must have reliable transportation for both class/lab and clinicals.

CPR-BLS for healthcare providers – to be taken after acceptance into the program.

Provided documentation of:

- OSBI background check.

## **3. Physical and Mental Requirements**

The following minimal physical and mental requirements are necessary for successful progression through the Surgical Technology Program:

- Ability to lift or move weights of up to 35% of recommended body weight (approx. 50 pounds).
- Motor ability necessary to ambulate independently in patient rooms and in work areas.
- Visual acuity sufficient to observe and assess client behavior, prepare medications, and accurately read monitors and computer screens.
- Auditory acuity sufficient to hear instructions, requests, monitoring alarms, and to auscultate heart tones, breath sounds, and bowel sounds.
- The ability to speak, write, and comprehend the English language proficiently (safety issue).
- The ability to communicate in a professional manner and establish rapport with clients and colleagues.
- The ability to resolve conflicts appropriately and function effectively under stress.
- The absence of situations where a court has adjudged a student incompetent, mentally ill, chemically dependent, or dangerous to the public.

Students in the Surgical Technology Program will be held accountable for the performance of these requirements while they are in the program.

## INTERNATIONAL APPLICANT REQUIREMENTS

### Definition

The term “International Student” is defined as a person for whom **English Is A Second Language** and/or who has graduated from high school in a foreign country.

### I-20 Documentation

Be aware that Francis Tuttle Technology Center does not issue I-20 documentation.

### High School Equivalency

High School Equivalency Assessment letter indicating foreign country education is equivalent to US High School education is required as proof of high school equivalency. The evaluation and letter are available through the International Students office at many colleges and universities. It can also be obtained from World Education Services at [www.wes.org](http://www.wes.org).

To apply for an Oklahoma High School Diploma, complete the top portion of this application and submit to the above address along with the following documents:

1. Official sealed transcript from an accredited Oklahoma college or university with 30 earned credit hours. Any person who has been admitted to any accredited college or university may be awarded a high school diploma by the State Department of Education within this state, provided that such person has successfully completed at least thirty (30) hours of college work at an accredited college or university. Title 70 O.S. § 24-116

OR

Official transcript from an accredited out of state college or university with 30 earned credit hours with a sealed letter from an accredited Oklahoma college or university stating transferrable hours and proof of prior enrollment in an Oklahoma school. Any person who has previously been an Oklahoma student and has earned at least thirty (30) hours of college credit at an accredited college or university may apply for a diploma under this section, regardless of whether the credits were earned at an institution located in Oklahoma. A former Oklahoma student applying for a diploma after earning credits from an accredited college or university outside Oklahoma must submit an official transcript showing credits earned, as well as documentation showing that the applicant was previously an Oklahoma student. OAC 210: 35-3-47 2.

2. Government issued photo ID
3. See the following link to complete the application: [Application for OK HS Diploma.pdf](#)
4. Same day service, if you “walk-in” to the office before 3:30 pm
5. Can obtain by mail and takes approximately one week.

### For More Information Contact

Oliver Hodge Education Building - Capitol Complex 2500  
N. Lincoln Blvd. Room 210  
Oklahoma City, OK 73105-4599 Phone:  
405-521-3369

Students may also meet this requirement by passing a high school equivalency exam.

## International Students Requirement

If not a U.S. citizen, submit a copy of either a current VISA, Passport number, or verification of permanent resident status.

## Accuplacer English as a Second Language (ESL)

ALL international students for whom English is a second language, regardless of U.S. citizenship, must present evidence of proficiency in the English language by submitting the following Accuplacer ESL test, in addition to meeting the **required minimum scores** for admission:

- ESL Reading Skills 80
- ESL Sentence Meaning 80
- ESL Language Use 80
- ESL Listening 80

Francis Tuttle administers the Accuplacer ESL exam in the Testing Center. However, if applicants have previous results, within the last two years, they must be submitted with the application.

Accuplacer ESL Exemption: International students who meet one of the exceptions below are exempt from taking the test.

- 1) A student is from one of the countries included in the list of English-Speaking Countries (See below for a list of Exempt Countries), or
- 2) A student has earned a baccalaureate degree from a regionally accredited United States college or university, or
- 3) A student has attended and earned a high school diploma from a United States high school with an overall GPA = 2.5 (minimum).

### English Speaking Countries – No Accuplacer ESL test Required

Antigua	Liberia
Australia	Montserrat
Barbados	Namibia
Belize	New Zealand
Bermuda	Nigeria
Botswana	Sierra Leone
Canada (English-speaking, i.e., not Quebec)	Singapore
Cayman Islands	South Africa (English-speaking, i.e., not Afrikaans)
Dominica	St. Lucia
Gambia	St. Vincent
Ghana	Swaziland
Grand Turks and Caicos Islands	Tanzania
Grenada	The Bahamas
Guyana	The British Virgin Islands – St. Kitts-Nevis, Anguilla
Ireland	Trinidad and Tobago
Jamaica	U.S. Virgin Islands – St. Thomas, St. Croix, St. John
Kenya	Uganda
Lesotho	United Kingdom
	Zambia
	Zimbabwe

**NOTE:** Puerto Ricans are U.S. citizens but the Accuplacer ESL is required.

**PREFERENCE POINTS SYSTEM**  
**Maximum Number of Points = 36**

Applicants are ranked for admission by preference points. The four categories of preference points are: Grade Point Average, Assessment Test Scores, Credit for College Degree and Health Care Certification/License.

**1. Grade Point Average** – The Cumulative GPA will be used.

High School GPA or College GPA		GED prior to 2002 Overall Average Score		GED 2001-2016 Grand Total Score		GED after 2016 Grand Total Score	
2.50 - 2.99	1 pt	50 – 59	1 pt	2500-2999	1 pt	145-164	1 pt
3.00 - 3.49	2 pts	60 – 69	2 pts	3000 3499	2 pts	165-174	2 pts
3.50 - 4.00	3 pts	70 – 80	3 pts	3500-4000	3 pts	17-200	3 pts

**2. Assessment Test Scores** – Only the Accuplacer Next Generation or ACT Scores are acceptable, but must have been completed **within the 2 years** of the date of application. Only one score for each section will be used for a maximum of 15 points.

Accuplacer Next Generation Scores					
Writing		Reading		Math	
Scores	Points	Scores	Points	Scores	Points
240-255	1	240-255	1	240-255	1
256-269	2	256-269	2	256-269	2
270-279	3	270-279	3	270-279	3
280-289	4	280-289	4	280-289	4
>289	5	>289	5	>289	5

**3. Credit for College Degree:** Preference points will be given for the following college degree(s) completion:

*Degree Completed	Points
Associate’s Degree	2
Bachelor’s Degree	3
Graduate Degree (Master’s or Doctorate)	4

\*Degree must have been completed from a **regionally** accredited public or private institution of higher education in the United States.

**4. Health Care Certification/License** – Must provide:

- Copies of current certificates or licenses. (CPR does not qualify for preference points)
- Signed copy of the Francis Tuttle Technology Center “Validation of Health-Related Work Experience Form” The form must be completed fully for points to be awarded.
- Proof of 30 hours or more must be provided on the “Validation of Health-Related Work Experience” form for points to be counted.

The **MAXIMUM** number of points in this area is 5

Health Care Certification(s)/License, Experience, and/or FTTC Program Credit	Points
Current/Non-Expired Health Care Certificate/License – (1 point per certificate/license, maximum of 2 points)	2
Health Care Experience ( $\geq$ 6 months full-time) with Limited Patient Contact Examples: Unit Secretary, Medical Office Receptionist, Phlebotomist, Dietary Aid, Pharmacy Tech, Health Unit Coordinator, <b>OR</b>	2
Health Care Experience ( $\geq$ 6 months full-time) with Direct Patient Contact Examples: CNA, AUA, Medical Assisting	3

## REQUIREMENTS FOR NEW STUDENTS

Once an applicant has been selected for admission the following items must be completed by the first day of class in order for the student to be fully accepted into the program. Complete information regarding these activities is provided to the applicant when she/he is notified of acceptance.

### 1. Criminal Background Check

Every applicant selected for admission must complete the Group One Background Check process. This background check collects data from national, state, and county sources including sex offender and violent offender registries. The approximate cost is \$45.00 and must be paid by credit card. An “Affirmation of Criminal History Background Check Procedures and Self-Disclosure Statement and Release of Information” form must be submitted prior to beginning the program.

Applicants with a positive criminal history report may be denied access by partnered clinical facilities. In the event this should occur and an equal, alternative experience cannot be arranged, the applicant will be dismissed from the program.

### 2. Urine Drug Screen

Every selected applicant must submit to a urine drug screen. The screen must be performed at the contracted facility and be dated after notification of contingency admission. Information regarding how to complete the urine drug screen will be included in the acceptance packet. The approximate cost of the urine drug screen is \$50.00. An “Affirmation of Drug Testing Procedures and Release of Information” form must be submitted prior to beginning the program.

Applicants with a positive drug screen report may be denied access by partnered clinical facilities. In the event this should occur and an equal, alternative experience cannot be arranged, *the applicant will be withdrawn from the program.*

### 3. Marijuana Statement

While medical marijuana is legal in the State of Oklahoma, it is not accepted in healthcare or in any of the Health Sciences Center’s Programs at Francis Tuttle Technology Center. *A positive test for marijuana will result in the student’s loss of eligibility to remain in a Health Sciences Center program.*

### 4. Tuition Payment

[Financial Aid | Francis Tuttle Technology Center](#)

Tuition must be paid or payment arrangements made, approximately one month prior to the first day of on campus attendance. Applicants admitted to the program should receive a letter from the **Cashier’s Office** outlining the steps for tuition payment.

Applicants seeking financial aid should begin the process at the time their application is submitted. The first step in this process is to complete the “Free Application for Federal Student Aid” (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov) The Financial Aid Office is located in Campus Center-Room A1094. The phone number is (405)717-4315.

Information regarding refunds is located in the ST Student Handbook (website link is located on the Surgical Technology program information page on Francis Tuttle Technology Center’s website at [www.francistuttle.edu](http://www.francistuttle.edu))

## **5. Computer Equipment and Literacy Requirements**

Equipment: A computer with a camera, microphone, speaker, and reliable internet are required for online instruction. MS Office software is required and may be used on either Microsoft or Mac computers. iPad and smart phones are not compatible with some applications used in the ST program. Computer Literacy: Basic computer skills required. Students will be using MS Office software, internet, downloading apps, etc.

**NOTE: In the event that a statewide shutdown of schools occurs, all instruction will be moved to an online format.**

## **6. Provide additional documentation of:**

Proof of current physical.

TB skin test – may be completed once in program. Proof of current immunization record.

Drug screening – prior to first day of class and randomly throughout the program.

Hepatitis B series, positive Hep B titer or declination waiver.

Flu vaccine agreement.

Other vaccines, or paperwork, may be required, per clinical sites. \*

## **7. CPR-BLS for Healthcare Providers**

To be taken after acceptance into the program or current documentation provided once accepted into the program.

## SURGICAL TECHNOLOGY PROGRAM – APPLICANT CHECKLIST

**Applicant’s Name (printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Directions:** You are responsible for submitting all required documents with this checklist, to ensure that your application packet is complete. Please initial each line before you submit all required documents to Carolyn Clements, the Health Sciences Administrative Assistant, on the second floor of the Rockwell Campus Center, Room RK01-A2244. **Incomplete application packets will not be considered for acceptance.** It is the applicant’s responsibility to ensure that a complete packet has been submitted.

<b>Applicant Initials</b>	<b>CC Initials</b>
-------------------------------	------------------------

_____	_____
_____	_____

**APPLICATION:**

- Francis Tuttle Adult Application for Admission form

**HIGH SCHOOL COMPLETION/EQUIVALENCY; COLLEGE/CTE TRANSCRIPT(S):**

- High school transcript with graduation date or diploma (original or true copy made by CPC staff), or
- GED scores (original or true copy made by CPC staff), or  Oklahoma Department of Education issued diploma, or  International Equivalency Assessment

**Additional Documentation:**

- Official transcript(s) from college and/or Career Tech center
  - List schools attended: \_\_\_\_\_
  - Type of college degree/date completed: \_\_\_\_\_

_____	_____
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**ASSESSMENT TEST SCORES (Submit Copy – Minimum Scores Listed):**

- Accuplacer Next Generation (Valid for 2 years):  
Reading 240/\_\_\_\_\_; Math 240/\_\_\_\_\_; Writing 240/\_\_\_\_\_
- DAT testing \_\_\_\_\_
- Dexterity test \_\_\_\_\_

_____	_____
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**INTERNATIONAL STUDENTS:**

- Submit Accuplacer ESL Test Score (Minimum):80  
Reading \_\_\_\_\_ Sentence \_\_\_\_\_ Language \_\_\_\_\_ Listening \_\_\_\_\_
- If from an exempt country, list the country: \_\_\_\_\_
- If not a US citizen, submit copy of either a current VISA, Passport number, or verification of permanent resident status

_____	_____
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**ADDITIONAL DOCUMENTATION:**

- Copy of current/non-expired health certificate(s) or license (two maximum)  
#1: \_\_\_\_\_ #2: \_\_\_\_\_
- Validation of health-related work experience (**must use form provided**)
- Completed** OSBI Criminal History Record: <https://osbi.ok.gov/services/criminal-history>
- Completed** Affirmation of Criminal History Background Check (signed form)

**Applicant’s Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Francis Tuttle Technology Center Division  
of Surgical Technology**

**VALIDATION OF HEALTH-RELATED WORK EXPERIENCE FORM**

**DIRECTIONS:**

- 1. STUDENT** completes **SECTION A** of the form and then delivers to the Employer to validate the work experience.
- 2. EMPLOYER** completes **SECTION B** and returns to the student to include in the application packet.

<b><u>SECTION A</u></b>	
STUDENT NAME – PRINTED: _____	DATE: _____
Job Title: _____	
Job Duties: _____	
_____	
I give permission for my present/previous supervisor to release information concerning my employment background.	
Student Signature _____	

<b><u>SECTION B</u></b>	
Agency/company name: _____	
Agency phone number: _____	
Employee job title: _____	
Employed from: _____	to _____
Average hours worked per week: _____	
(must be <u>30</u> hours or more for points to be counted)	
Employer Signature _____	Date _____

**FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER**

**AFFIRMATION OF CRIMINAL HISTORY BACKGROUND CHECK PROCEDURES AND  
SELF-DISCLOSURE STATEMENT AND RELEASE OF INFORMATION FORM**

As an applicant to one of the professional Health Sciences programs, I affirm that I have read and understand the program’s Criminal History Background Check Procedures, and

I fully understand that I may be denied admission to the program based upon an evaluation of records by authorized personnel, and

I understand that any clinical facility may deny my participation in clinical experiences based upon criminal background check records. If this occurs, I will be subject to dismissal from the program.

I understand that authorized school personnel are responsible to provide a copy of the criminal history background check records (and related course documents) to a clinical site for their review, if deemed necessary.

I understand that I am responsible to report any arrests and/or convictions that may occur after submission of my Criminal History Background Check to the program director. The program director may require another background check (at my expense), if deemed necessary.

I further understand that I am responsible for self-disclosure by completing this form by answering all questions completely and honestly. I understand that I will be subject to dismissal, if accepted to the program, if answers are found to be inaccurate. In addition, I understand that failure to report subsequent arrests or convictions may result in dismissal from the program.

**Self-Disclosure Statement** (Check either Yes or No)

- Do you have a current criminal charge that is pending? Yes  No
- Have you ever had a criminal conviction, including a deferred sentence? Yes  No
- Have you ever had a professional certification or license suspended or revoked? Yes  No
- Are you currently on parole, probation, or a deferred sentence? Yes  No
- Are you listed on any state’s Sex Offenders Registration List? Yes  No

**Release of Information**

My signature below indicates that I grant full permission, without recourse, for the use and release of information as necessary for the purpose explained.

**Applicant Name/Signature**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Program \_\_\_\_\_

# OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request  
6600 North Harvey Place  
Oklahoma City, OK 73116  
(405) 848-6724  
(405) 879-2503 FAX  
<https://osbi.ok.gov/>

### Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00  
*\* Must provide fingerprint card.*

DATE \_\_\_\_\_

Request Submitted via:

- Fax  Mail  In Person  
***REQUESTS WILL BE RETURNED  
IN THE MANNER RECEIVED.***

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

*\* Includes name based search.*

### ACCEPTABLE FORMS OF PAYMENT:

- CASH  CASHIER'S CHECK / MONEY ORDER

*For Visa, MasterCard and Discover, security code is 3 digits on back of card.*

BUSINESS CHECK *No Personal Checks Accepted.*

CREDIT CARD *For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

*Please print the name of the individual card holder as it appears on the credit card.*

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

### REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) Results will only be returned to the original requestor

REQUESTOR'S NAME \_\_\_\_\_ SIGNATURE OF REQUESTING PARTY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

*Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.*

PURPOSE OF REQUEST \_\_\_\_\_

### SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

**Forms with corrections made with white out or by striking through the fields in this section will not be processed.**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) \_\_\_\_\_  
MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**SEARCH RESULTS (Please do not write in the spaces below):**

Oklahoma State Bureau of Investigation  
Computerized Criminal History

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Oklahoma Department of Corrections  
Sex Offender

---

Oklahoma Department of Corrections  
Violent Offender

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*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.  
For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.*

OSBI CHRU 02/201

