

STATE OF OKLAHOMA



SOONERCARE TRAINING REQUEST FORM

**Provider Information:**

Provider name: \_\_\_\_\_

Provider ID#: \_\_\_\_\_

Address: \_\_\_\_\_

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CITY

STATE

ZIP CODE

Phone Number: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Reason visit requested:

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**PLEASE FAX FORM TO: Administrative Services**

**FAX: (405) 530-3228**

**Phone: 1-800-522-0114, option 1**