

 $\equiv$ 

**Dashboard** 

## Legal First Name

**Your Information** 

Legal Last Name

Heather

Maxwell

Legal Middle Name

Kristy

Telephone

(918) 290-1426

E-mail address

maxwellheather3390@icloud.com

licenses below.

**Licenses** 

AP-FAAA-YHW9-SEVX-6MBX-APS7-W7

**Expired** 

AII

**Active** 

To renew one of your Patient licenses,

please select 'Start Renewal' to begin, or

'Continue' for open renewals, or 'Review'

for rejected renewals, from the list of

## **Active License Effective Date**

04/21/2023

04/25/2025

**License Status** 

**License Type** 

**License Number** 

Adult Patient 2-Year License

**License Expiration Date** 

**Renewal Status** N/A

**Renewal Open** 

03/26/2025

Important:

**License Renewals** 

Please select the "Review" Important: button to view the comments for, or re-submit a rejected application.

will NOT renew your existing license.

353739 **Application Type** 

**Application Status** 

Adult Patient 2-Year License

**Application No.** 

**Application Status** 

04/07/2023

**Decision Date** 

**Submission Date** 

Approved

04/21/2023

Review

Apply for a new license Please note: applying for a new license

No license renewals have been approved.

for the renewal.

Please select the "Review"

button to view the comments