Licensed Behavioral Practitioners

Licensed Marital and Family Therapists

Licensed Professional Counselors

State Board of Behavioral Health Licensure
3815 N. Santa Fe, Ste. 110
Oklahoma City, OK 73118
Telephone: (405) 522-3696
Fax: (405) 522-3691
www.ok.gov/behavioralhealth

STATEMENT OF PROFESSIONAL DISCLOSURE - CANDIDATE

I am required by regulation to furnish this document to you. It requires that I inform you of my professional training, orientation/techniques, fees and credentials. I am working toward licensure as a Professional Counselor or Behavioral Practitioner under the auspices of the State Board of Behavioral Health Licensure. I am in the process of accruing 3000 hours of supervised experience, which are required for licensure. Until that time, the supervising licensee listed below shall supervise me.

I will be happy to discuss this information with you and/or furnish you with printed material concerning the licensing process. You may contact (without giving your name), the State Board of Behavioral Health Licensure listed on the masthead of this document.

Printed Name of Candidate:_____

Candidate's Application for Licensure Type (please check one): ❑ LPC ❑ LBP

Candidate's Current Place of Employment:_____

Address of Current Place of Employment: _____

City, State: _____ Zip: _____

Candidate's Work Phone #: _____

Candidate's Signature: _____ Date: _____

Printed Name of Supervisor: _____ License #: _____

Supervisor's Current Place of Employment: _____

Address of Current Place of Employment: _____

City, State: _____ Zip: _____

Supervisor's Work Phone #: _____

Supervisor's Signature: _____ Date: _____

.... (For client use only)...

The above-designated Licensee Candidate has satisfactorily supplied me with information and/or printed material regarding his/her practice, licensure and professional development.

Signature of Client: _____ Date: _____

.... (For office use only)...

Notes: _____