

APPLICATION INVENTORY - ENDORSEMENT

(Please staple this form to the front of your completed application packet)

Applicant's name: _____ Date: _____

Please check the line beside the appropriate response:

I am applying to become licensed as an: LPC LBP LMFT

Inside this packet I have enclosed the following:

Notarized application form The application fee, equaling: \$ _____

Sealed transcript. If yes, from which University(s)?

 Three (3) Documents of recommendation. PLEASE NOTE: Must be on Department form(s)

Since three (3) recommendation forms are required, if less than three (3) are enclosed, please explain why.

 Affidavit of Lawful Presence

Out-of-State Verification From

Licensure Verification Card

Verification of Exam Score

Two, classifiable sets of fingerprints (if fingerprint cards are not included with this packet, contact Carolyn Martin at carolynkm@health.ok.gov)

Please list any additional enclosures in the space below:

