

APPLICATION INVENTORY – ENDORSEMENT

Applicant's name: _____ Date: _____

Please check the box beside the appropriate response:

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

Inside this packet I have enclosed the following:

- Application form The application fee, equaling: \$ _____
- Internship/Practicum Documentation Form
- Sealed official university transcript(s)
- Three (3) Document of Recommendation Forms. PLEASE NOTE: Must be on Department form(s)
- Affidavit of Lawful Presence
- Out-of-State Verification Form
- Letter from licensing agency stating license is in good standing (LPC and LBP Only)
- Licensure Verification Card (LMFT Only)
- Verification of Exam Score
- Proof of continuous practice in counseling for five (5) years prior to application in Oklahoma. This applies to those applying for Licensed Professional Counselor under section 310:405-27-3(b)(1) of the LPC Regulations and Licensed Behavioral Practitioner under section 310:403-27-1(b)(1) of the LBP Regulations.
- Verification of supervised experience from other jurisdiction
- 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:
