



Creating  
a State  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

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**CONTINUING EDUCATION ROSTER**  
for the  
**RENEWAL of LMFT APPROVED SUPERVISOR STATUS**

Name: \_\_\_\_\_ License No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Clock hours: \_\_\_\_\_

**310:400-11-3. (b) Supervisor qualifications**

Approved LMFT Supervisors are required to complete a minimum of three (3) clock hours, every three (3) years, of continuing education in therapy supervision specific to Oklahoma law provided by the LMFT Advisory Board, or its designee. Approved Supervisor designation will not be renewed until the continuing education requirement for each missed renewal period is met.

Please provide the requested information for Continuing Education hours earned and submit this roster along with your annual renewal roster and renewal fee. Fraudulent submission of continuing education may result in disciplinary action against you.

**Only use this form to document continuing education for the renewal of your approved supervisor status**

1. Workshop/Graduate Course: \_\_\_\_\_

Sponsor/University: \_\_\_\_\_ Date/Semester \_\_\_\_\_ Hours: \_\_\_\_\_

2. Workshop/Graduate Course: \_\_\_\_\_

Sponsor/University: \_\_\_\_\_ Date/Semester \_\_\_\_\_ Hours: \_\_\_\_\_

3. Workshop/Graduate Course: \_\_\_\_\_

Sponsor/University: \_\_\_\_\_ Date/Semester \_\_\_\_\_ Hours: \_\_\_\_\_

4. Workshop/Graduate Course: \_\_\_\_\_

Sponsor/University: \_\_\_\_\_ Date/Semester \_\_\_\_\_ Hours: \_\_\_\_\_

5. Workshop/Graduate Course: \_\_\_\_\_

Sponsor/University: \_\_\_\_\_ Date/Semester \_\_\_\_\_ Hours: \_\_\_\_\_

6. Workshop/Graduate Course: \_\_\_\_\_

Sponsor/University: \_\_\_\_\_ Date/Semester \_\_\_\_\_ Hours: \_\_\_\_\_