



Creating
a State
of Health

PROTECTIVE
HEALTH
SERVICES

Oklahoma State Department of Health
Protective Health Services
Professional Counselor Licensing - 0504
P.O. Box 268823
Oklahoma City, OK 73126-8823
Telephone: (405) 271-6030
FAX: (405) 271-1918
<http://pcl.health.ok.gov>

CONTINUING EDUCATION ROSTER for LBP LICENSURE RENEWAL

Name: _____ License No: _____

Signature: _____ Date: _____

Total Clock hours: _____

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

Please refer to Subchapter 15. Issuance and Maintenance of License of the LBP Regulations for all rules regarding continuing education.

For this roster to be approved, each entry must be completed in full including your signature and the date of your signature. Please do not submit individual continuing education verification forms.

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: _____

7. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

8. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

9. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

10. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

11. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

12. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

13. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

14. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

15. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

16. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

17. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

18. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

19. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

20. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

21. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

22. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

23. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

24. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

25. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____