

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services
Professional Counselor Licensing - 0504
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6030
FAX: (405) 271-1918
www.health.ok.gov/program/lpc/

CONTINUING EDUCATION ROSTER

(PLEASE DO NOT SUBMIT INDIVIDUAL C.E. VERIFICATION DOCUMENTS)

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. You will be notified if you are to submit verification materials for an audit. Fraudulent submission of continuing education will result in disciplinary action against you. Keep your verification materials on file for two years.

❖ *For this roster to be approved, each entry must be completed in full. This includes the signature and date line above* ❖

Please document 3 hours of ethics in the space below - LPC/LMFT Required

Hours

Workshop: _____
Sponsoring agency: _____
Date of Presentation: _____

Hours

Workshop: _____
Sponsoring agency: _____
Date of Presentation: _____

Hours

Workshop: _____
Sponsoring agency: _____
Date of Presentation: _____

Hours

Workshop: _____
Sponsoring agency: _____
Date of Presentation: _____

(over)

Hours

Workshop: _____

Sponsoring agency: _____

Date of Presentation: _____

Hours

Workshop: _____

Sponsoring agency: _____

Date of Presentation: _____

Hours

Workshop: _____

Sponsoring agency: _____

Date of Presentation: _____

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Workshop: _____

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