



**PROTECTIVE
HEALTH
SERVICES**

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

LGC DOCUMENT OF RECOMMENDATION

This document is to be completed by a **professional person who has knowledge of the applicant's personal character and professional competence**. Please rate the applicant in comparison to other professionals at a similar level of training and experience. Raters shall not be Health Department employees or members of the Board of Health or Advisory Board or members of the applicant's family.

(To be completed by Applicant)

Applicant's Name: _____

Applicant's Address: _____

City, State: _____ Zip: _____

Applicant's place of employment: _____

Applicant's telephone number: _____

(To be completed by rater)

Please rate the applicant in the following categories:

No Observation Below Average Average Above Average

Personal Character: _____

Professional Ethics: _____

Professional Training: _____

Assessment Skills: _____

Consulting Skills: _____

Research Skills: _____

(over)

