



Creating
a State
of Health

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>

DOCUMENT OF RECOMMENDATION

Please check the appropriate license: LPC LBP LMFT

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: _____

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: _____

Treatment Skills: _____

Assessment Skills: _____

Consulting Skills: _____

Research Skills: _____

(over)

