

OKLAHOMA STATE DEPARTMENT OF HEALTH

Instructions for Submitting an Application for Licensure

Below is a recommended sequence for completing and submitting your application for Licensed Professional Counselor (LPC), Licensed Marital and Family Therapist (LMFT) and Licensed Behavioral Practitioner (LBP):

1. Request fingerprint cards from the Professional Counselor Licensing Division by contacting Carolyn Martin at CarolynKM@health.ok.gov with your name and mailing address.

Each applicant for licensure must have a background check completed by the Oklahoma State Bureau of Investigation (OSBI). Fingerprint cards take four (4) to six (6) weeks to process. The process time is determined by the OSBI and cannot be expedited by this office. Therefore, we thank you in advance for your patience.

2. Complete your part of the following documents and distribute them to the appropriate third parties, then retrieve the signed documents from the third party for submission:

- Three (3) Document of Recommendation Forms.
- Internship/Practicum Documentation Form.

3. Request that an **official copy of your university transcript** (graduate coursework only) be mailed to you from the university registrar. The transcript must be in a sealed envelope with the registrar's stamp over the flap. Include the unopened envelope from the registrar in your application packet.

Please be aware that transcripts cannot be reviewed and fingerprint cards cannot be processed unless they are submitted along with your application form and application fee.

4. Complete the application form and affix your personal check, money order or cashier's check for the application fee. The application fee for each license type is:

- Licensed Professional Counselor - \$145.00 (Made payable to the LPC Revolving Fund)
- Licensed Marital and Family Therapist - \$200.00 (Made payable to the LMFT Revolving Fund)
- Licensed Behavioral Practitioner - \$275.00 (Made payable to the LBP Revolving Fund)

5. Assemble all the above materials and if possible, submit them in one envelope to:

Professional Counselor Licensing
Protective Health Services
Oklahoma State Department of Health
PO Box 268823
Oklahoma City, OK 73126-8823

Supervised Experience Forms:

Enclosed in your application packet are a Supervision Agreement, Statement of Professional Disclosure and On-Site Supervisor Verification Form. You may begin to accrue supervision hours only after you have submitted application and have been approved by the Department.

For Your Own Protection:

- Photocopy all the documents you have submitted.
- Submit your documents by certified mail.
- Double check – to ensure that all forms are completed as per instructions, official transcript(s) are in a sealed envelope from the registrar and that all forms are signed and each signature is dated.

****Failure to comply with the instructions may cause a delay in the processing of your application.****