

SUBCHAPTER 5. FORMS

Section

310:403-5-1 Forms

310:403-5-2 Description of forms

310:403-5-1. Forms

Each application shall include the following documents:

- (1) Application Form;
- (2) Official transcript, mailed from the university or college;
- (3) Internship/practicum Documentation Form;
- (4) Three (3) Document of Recommendation Forms;
- (5) Two (2) classifiable sets of fingerprints; and
- (6) Fees.

[Source: Added at 18 Ok Reg 651, eff 1-10-2001(emergency); Added at 18 Ok Reg 1699, eff 5-25-01; Amended at 23 Ok Reg 2374, eff 6-25-2006]

310:403-5-2. Description of forms

- (a) The Application Form requires the following:
 - (1) Identifying information of applicant;
 - (2) Possession of other credentials;
 - (3) Previous misconduct;
 - (4) Education;
 - (5) References; and
 - (6) Proposed professional Practice.
- (b) The Internship/Practicum Documentation Form requires the following:
 - (1) Identifying information of applicant;
 - (2) Place, time, duration and nature of supervised experience;
 - (3) School arranging supervision and name of supervisor; and,
 - (4) Signature and title of supervisor.
- (c) The Document of Recommendation requires the following:
 - (1) Identifying information of applicant;
 - (2) Scale of performance rating personal character and professional skills;
 - (3) Circumstances and time period rater has known applicant;
 - (4) Space for rater's comments;
 - (5) Identifying information of rater.
- (d) The Statement of Professional Disclosure is composed of alternative forms depending on the status of the applicant, as follows.
 - (1) The LBP Candidate's Statement of Professional Disclosure requires the following:
 - (A) Explanation of LBP Candidate's responsibilities;
 - (B) Name and contact information for person who will be responsible for the client's records in the event of the LBP Candidate's infirmity or death;
 - (C) Supervisor's identifying information;
 - (D) Address and phone number of the Department; and,
 - (E) Signatures of client and LBP Candidate.
 - (2) The LBP's Statement of Professional Disclosure requires the following:
 - (A) Explanation of the LBP's responsibilities;
 - (B) Name and contact information for person who will be responsible for the client's records in the event of the LBP's infirmity or death;
 - (C) Address and phone number of the Department; and,
 - (D) Signatures of client and LBP.
- (e) The Supervision Agreement requires the following:
 - (1) Statement of agreement to fulfill Subchapter 15 and consequences of violation; and
 - (2) Identifying information and signatures of supervisee and supervisor.

- (f) The On-Site Supervisor Verification Form requires the following identifying information:
 - (1) Name of applicant;
 - (2) Place of employment;
 - (3) On-Site Supervisor Information;
 - (4) A reproduction of the regulation regarding supervision accrued in a private setting.
- (g) The Evaluation of Supervised Experience Form requires the following:
 - (1) Names of supervisee and supervisor;
 - (2) Name and location of supervision site;
 - (3) Duration of work experience and supervision;
 - (4) Types of professional activities and clients seen;
 - (5) Rating of quality of professional activities;
 - (6) Supervisor and supervisee comments; and
 - (7) Signatures of supervisee and supervisor.
- (h) The Continuing Education Roster requires the following:
 - (1) LBP's name and license number;
 - (2) Total number of hours accrued and LBP's signature and signature date of licensee;
 - (3) Listing of workshops, sponsor, content and date of continuing education experience.
- (i) The Licensure Verification Request Form requires the following information:
 - (1) Name of licensee;
 - (2) Licensee license number; and
 - (3) Licensee license type.
- (j) The Out-of-State Licensure Verification Form requires the following information:
 - (1) Identifying information;
 - (2) Type of credential held in other state;
 - (3) License number;
 - (4) Issue and expiration date of license;
 - (5) Current standing of license;
 - (6) Past complaints or sanctions;
 - (7) Exam information;
 - (8) Supervision information;
 - (9) Graduate education;
 - (10) Internship documentation;
 - (11) Signature and identifying information of person verifying from out-of-state.
- (k) The Mailing Addresses Request/Order Form requires the following information:
 - (1) Type of licensure list requested;
 - (2) Format requested;
 - (3) Identifying information of person making request.
- (l) The Licensure Reactivation Request Form requires the following information:
 - (1) Licensure type;
 - (2) Identifying information;
 - (3) Employment information;
 - (4) Graduate education;
 - (5) License type and number;
 - (6) Dates of inactivation and reactivation of license.

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