



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
www.health.ok.gov/program/lpc

STATEMENT OF PROFESSIONAL DISCLOSURE

CANDIDATE

Please check the appropriate license:

LPC

LBP

I am required by regulation to furnish this document to you. It requires that I inform you of my professional training, orientation/techniques, fees and credentials. I am working toward licensure as a Professional Counselor or Behavioral Practitioner (check the appropriate license above) under the auspices of the Oklahoma State Department of Health. I am in the process of accruing 3000 hours of supervised experience, which are required for licensure. Until that time, the supervising licensee listed below shall supervise me. My supervisor will be the contact person for you to obtain your records in the event of my infirmity or death.

I will be happy to discuss this information with you and/or furnish you with printed material concerning the licensing process. You may contact (without giving your name), the Professional Counselor Licensing Division listed on the masthead of this document. The Professional Counselor Licensing website is www.health.ok.gov/program/lpc.

SUPERVISOR

CANDIDATE

Name: _____

Address: _____

Phone: _____

Date: _____

Signature: _____

The above-designated Licensee Candidate has satisfactorily supplied me with information and/or printed material regarding his/her practice, licensure and professional development.

Signature of Client: _____ **Date:** _____