

APPLICATION INVENTORY

(Please staple this form to the front of your completed application packet)

Applicant's name: _____ Date: _____

Please check the line beside the appropriate response:

I am applying to become licensed as an: LPC LBP LMFT

Inside this packet I have enclosed the following:

Notarized application form The application fee, equaling: \$ _____

Sealed transcript. If yes, from which University(s)?

Three (3) Documents of recommendation. PLEASE NOTE: Must be on Department form(s)

Since three (3) recommendation forms are required, if less than three (3) are enclosed, please explain why.

Internship/Practicum documentation form

Supervision agreement (if applicable at the time of application)
THE SUPERVISION AGREEMENT WILL NOT BE APPROVED IF NOT ACCOMPANIED BY THE
CANDIDATE'S STATEMENT OF PROFESSIONAL DISCLOSURE AND THE ON-SITE
SUPERVISOR VERIFICATION FORM.

Candidate Statement of Professional Disclosure Form (does not apply for LMFT)

On-Site Supervisor Verification Form

Academic worksheet

Two, classifiable sets of fingerprints (if fingerprint cards are not included with this packet, contact Carolyn Martin at carolynkm@health.ok.gov)

Please list any additional enclosures in the space below:
