



**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

**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)**

