



**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health  
Protective Health Services  
Professional Counselor Licensing - 0504  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6030  
FAX: (405) 271-1918  
www.health.ok.gov/program/lpc

**LPC SUPERVISOR APPLICATION FORM**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

3. Address of current employment: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

4. Oklahoma license number: \_\_\_\_\_ Issue date: \_\_\_\_\_

5. Are you an LPC in another state?  Yes  No If "yes", what state? \_\_\_\_\_

**PLEASE NOTE: Unless you can answer "yes" to numbers 6, 7 and 8 or 6, 7 and 9, do not submit this application until you have completed those tasks.**

**6. Do you have two years of experience beyond the number of years which were required to qualify for your licensure.**

Yes  No

**7. Have you taken and passed the Oklahoma Legal and Ethical Responsibilities Exam?**

Yes  No

**8. Have you successfully completed a university graduate course in counselor supervision?**

Yes  No (an official transcript listing the course must be on file with the PCL office)

**9. Have you successfully completed an approved equivalency counselor supervision course?**

Yes  No (a copy of the certificate of completion must be on file with the PCL office)

**10. Are you currently under investigation or have you had disciplinary action taken against you by any professional organization, registering/certifying/licensing body, or legal agency for civil criminal or professional misconduct?**  Yes  No (If yes, enclose detailed information on a separate sheet.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....(For board use only).....

Date application approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_ Staff initials: \_\_\_\_\_