



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  
<http://pcl.health.ok.gov>

**ON-SITE SUPERVISOR VERIFICATION**

Please check appropriate license:

LPC

LBP

LMFT

Subchapter 310:405-11-3(d) of the LPC Regulations, Subchapter 310:403-15-5(c) of the LBP Regulations, and Subchapter 310:400-11-2(5) of the LMFT Regulations require that, "supervised experience may be accrued in a private for-profit or private not-for-profit therapy setting only if:

- The licensure Candidate works at the same location as a person licensed in the State of Oklahoma as a Licensed Professional Counselor, Licensed Marital and Family Therapist, Licensed Behavioral Practitioner, Clinical Social Worker, Psychologist, Psychiatrist, or, for LBP only, Physician, who directs and is responsible for the professional duties of the licensure Candidate; and
- The licensure Candidate is receiving supervision for licensure from a Department-approved supervisor who is not required to work at the same location as the licensure Candidate.

I, the undersigned, have read and agree to comply with the requirements set forth in Subchapter 11 of the LPC and LMFT Regulations and Subchapter 15 of the LBP Regulations. I understand that a violation of those requirements can result in a loss of supervision hours and/or disciplinary action against both the candidate and the supervisor.

Print Applicant's name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

On-Site Supervisor/Title: \_\_\_\_\_

**Attach a copy of the On-Site Supervisor's current Oklahoma State License.**

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

On-Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE SUPERVISION AGREEMENT WILL NOT BE APPROVED IF NOT ACCOMPANIED BY THE CANDIDATE STATEMENT OF PROFESSIONAL DISCLOSURE AND THIS FORM.**