

The Licensed Behavioral Practitioner Advisory Board proposed the following changes to the LBP Rules. They have been approved by the Oklahoma State Board of Health, signed by the Governor, and became effective July 11, 2008. The language underlined is new and the language stricken through is now deleted. A current copy of the rules is available to view and download at the Professional Counselor Licensing website at <http://pcl.health.ok.gov>, or you may call 405/271-6030 to request a copy be mailed to you.

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
CHAPTER 403. LICENSED BEHAVIORAL PRACTITIONERS

SUBCHAPTER 5. FORMS

**310:403-5-2. Description of forms**

- (a) The Application Form requires the following:
- (1) Identifying information of applicant;
  - (2) Possession of other credentials;
  - (3) Previous misconduct;
  - (4) Education;
  - (5) References;
  - (6) Proposed professional Practice; and,
  - (7) Notarization.
- (b) The Internship/Practicum Documentation Form requires the following:
- (1) Identifying information of applicant;
  - (2) Place, time, duration and nature of supervised experience;
  - (3) School arranging supervision and name of supervisor; and,
  - (4) Signature and title of supervisor.
- (c) The Document of Recommendation requires the following:
- (1) Identifying information of applicant;
  - (2) Scale of performance rating personal character and professional skills;
  - (3) Circumstances and time period rater has known applicant;
  - (4) Space for rater's comments;
  - (5) Identifying information of rater.
- (d) The Statement of Professional Disclosure is composed of alternative forms depending on the status of the applicant, as follows.
- (1) The LBP Candidate's Statement of Professional Disclosure requires the following:
    - (A) Explanation of LBP Candidate's responsibilities;
    - (B) Name and contact information for person who will be responsible for the client's records in the event of the LBP Candidate's infirmity or death;
    - (C) Supervisor's identifying information;
    - (D) Address and phone number of the Department; and,
    - (E) Signatures of client and LBP Candidate.
  - (2) The LBP's Statement of Professional Disclosure requires the following:
    - (A) Explanation of the LBP's responsibilities;

- (B) Name and contact information for person who will be responsible for the client's records in the event of the LBP's infirmity or death;
  - (C) Address and phone number of the Department; and,
  - (D) Signatures of client and LBP.
- (e) The Supervision Agreement requires the following:
- (1) Statement of agreement to fulfill Subchapter 15 and consequences of violation; and
  - (2) Identifying information and signatures of supervisee and supervisor.
- (f) The On-Site Supervisor Verification Form requires the following identifying information:
- (1) Name of applicant;
  - (2) Place of employment;
  - (3) On-Site Supervisor Information;
  - (4) A reproduction of the regulation regarding supervision accrued in a private setting.
- (g) The Evaluation of Supervised Experience Form requires the following:
- (1) Names of supervisee and supervisor;
  - (2) Name and location of supervision site;
  - (3) Duration of work experience and supervision;
  - (4) Types of professional activities and clients seen;
  - (5) Rating of quality of professional activities;
  - (6) Supervisor and supervisee comments; and
  - (7) Signatures of supervisee and supervisor.
- (h) The Continuing Education Roster requires the following:
- (1) LBP's name and license number;
  - (2) Total number of hours accrued and LBP's signature and signature date of licensee;
  - (3) Listing of workshops, sponsor, content and date of continuing education experience.
- (i) The Licensure Verification Request Form requires the following information:
- (1) Name of licensee;
  - (2) Licensee license number; and
  - (3) Licensee license type.
- (j) The Out-of-State Licensure Verification Form requires the following information:
- (1) Identifying information;
  - (2) Type of credential held in other state;
  - (3) License number;
  - (4) Issue and expiration date of license;
  - (5) Current standing of license;
  - (6) Past complaints or sanctions;
  - (7) Exam information;
  - (8) Supervision information;
  - (9) Graduate education;
  - (10) Internship documentation;
  - (11) Signature and identifying information of person verifying from out-of-state.
- (k) The Mailing Addresses Request/Order Form requires the following information:

- (1) Type of licensure list requested;
- (2) Format requested;
- (3) Identifying information of person making request.

(1) The Licensure Reactivation Request Form requires the following information:

- (1) Licensure type;
- (2) Identifying information;
- (3) Employment information;
- (4) Graduate education;
- (5) License type and number;
- (6) Dates of inactivation and reactivation of license.

#### **SUBCHAPTER 11. APPLICATION PROCEDURES**

##### **310:403-11-8. Re-application for revoked license**

(a) No re-application for a revoked license will be considered for a period of 5 years following the revocation.

~~(a)~~(b) Re-application after license is revoked for administrative action shall include the following documents:

- (1) Application form,
- (2) Official transcripts, mailed from the university,
- (3) Document of recommendation forms,
- (4) Supervision Agreement,
- (5) Statement of Professional Disclosure,
- (6) New Application Fee,
- (7) On-Site Supervisor Verification Form, and
- (8) Two (2) classifiable sets of fingerprints.

~~(b)~~(c) Applicant shall re-take two examinations:

- (1) The Practitioner's Examination of Psychological Knowledge or another equivalent examination as determined by the Department; and
- (2) The LBP State Standards Test.

~~(c)~~(d) Internship Documentation Form on file may carry over to a new application.

~~(d)~~(e) All previously submitted and approved Supervised Experience shall not carry over to a new application.

(f) At the time of application, applicant must provide additional documentation to demonstrate rehabilitation relating to the cause of revocation.

(g) The Department may impose reasonable practice limitations that are in addition to the requirements for completion of approved supervised experience.

(h) Application materials shall be reviewed by the LBP Advisory Board for approval.

##### **310:403-11-11. Re-application for denied application**

(a) Re-application after licensure application has been denied as prescribed in Section 1941 of the Act, shall include the following documents:

- (1) Application form,
- (2) Official transcripts, mailed from the university,
- (3) Document of Recommendation forms,

- (4) Supervision Agreement,
  - (5) Statement of Professional Disclosure,
  - (6) New Application Fee,
  - (7) On-Site Supervisor Verification Form, and
  - (8) Two (2) classifiable sets of fingerprints.
- (b) Application materials shall be reviewed by the LBP Advisory Board for approval.
- (c) Applicant shall be required to take necessary examinations.
- (d) Applicant shall be required to accrue an additional 500 hours of supervised experience.
- (e) Internship Documentation Form on file may carry over to a new application.
- (f) All previously submitted and approved Supervised Experience shall carry over to a new application.
- (g) Applicant shall obtain approved supervision until the exams are taken and passed as described in Subchapter 310:403-15-2(e)(2).
- (h) At the time of application, applicant must provide additional documentation to demonstrate rehabilitation relating to the cause of denial of licensure application.
- (i) The Department may impose reasonable practice limitations that are in addition to the requirements for completion of approved supervised experience.

#### **SUBCHAPTER 15. SUPERVISED EXPERIENCE REQUIREMENTS**

##### **310:403:15-4. Responsibility of supervisors and supervisees**

- (a) The supervisor and supervisee shall be jointly responsible for the following:
- (1) Ensuring the requirements under this subchapter are fulfilled. A failure to comply may result in the loss of supervision hours, denial of licensure, initiation of formal complaint procedures, and/or loss of approved supervisor status.
  - (2) Ensuring the client's right to confidentiality is protected and rules of the supervisor's and supervisee's employer(s) are adhered to during the course of supervision.
- (b) The supervisor shall maintain supervision records for each supervisee for at least five (5) years beyond the termination or completion of the supervised experience.

##### **310:403-15-5. Acceptability of supervised experience**

- (a) Supervised experience is acceptable when it consists of the performance of behavioral health services as described in Section 1931, of the Act as described below.
- (1) Supervision shall focus on the raw data from an LBP Candidate's continuing clinical practice, which may be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings.
  - (2) Supervision is a process clearly distinguishable from personal psychotherapy, and is contracted in order to serve professional/vocational goals.

(3) Individual supervision consists of face-to-face contact with one supervisor and one LBP Candidate.

(4) Group supervision may be conducted with two (2) to six (6) LBP Candidates and a supervisor.

(b) An LBP Candidate may accrue supervised experience hours in academic, governmental or private practice settings.

(c) ~~Supervision shall be accrued~~ The supervised experience is accrued in a private not-for-profit or a private for-profit practice only if without having an on-site approved LBP Supervisor providing supervision, if:

(1) ~~The LBP Candidate works at the same location as a person licensed in the state of Oklahoma as~~ The agency employing the LBP candidate employs a person licensed in the state of Oklahoma as a Licensed Behavioral Practitioner, a Licensed Professional Counselor, a Licensed Marital and Family Therapist, a Psychologist, a Physician, or a Licensed Clinical Social Worker, or a Licensed Alcohol and Drug Counselor who directs and is responsible for the professional duties of the LBP Candidate; and is available to the LBP candidate any time services are being rendered by the LBP candidate. Out of state on-site supervisors may be approved on a case-by-case basis.

(2) The LBP Candidate is receiving supervision for licensure from an approved LBP supervisor who is not required to work at the same location as the LBP Candidate.

#### **SUBCHAPTER 21. CONTINUING EDUCATION REQUIREMENTS**

##### **310:403-21-2. Submission of continuing education roster**

LBP's shall submit a Continuing Education Roster to the Department, on an official Department form, of ten (10) clock hours of continuing education per year by December 31 of each year. One (1) academic hour is equal to fifteen (15) clock hours. Rosters may be obtained from the Department. The Continuing Education Roster shall include the name of the licensee, signature and signature date of the licensee, total clock hours of workshop(s), name of workshop(s), sponsoring agency of workshop(s), date of workshops(s), and the number of hours of each workshop. Only continuing education accrued in the preceding license renewal period shall be acceptable. ~~Rosters may be obtained from the Department. Only continuing education accrued in the preceding license renewal period shall be acceptable.~~