



**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>

SUPERVISION AGREEMENT

Please check appropriate license: LPC LBP

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

Name of Candidate: _____

Candidate's Current Place of Employment: _____

Address of Place of Supervision: _____

City, State: _____ Zip: _____

Candidate's Phone #: _____ Candidate's Email Address: _____

Candidate's Signature: _____ Date: _____

Name of Supervisor: _____ License #: _____

Supervisor's Current Place of Employment: _____

Supervisor's Phone #: _____ Supervisor's Email Address: _____

Supervisor's Signature: _____ Date: _____

..... (For office use only).....

Approved: Yes No Date Approved/Disapproved: _____ PCL Staff Initials: _____

Reason for Disapproval/Notes: _____

