



**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>

LBP SUPERVISOR APPLICATION

Name: _____

Address: _____

_____ Phone #: _____

Phone: _____ e-mail: _____

Current employment: _____

_____ Phone #: _____

Check the Oklahoma license you hold:

_____ Licensed Behavioral Practitioner

_____ Licensed Physician

_____ Licensed Clinical Social Worker

_____ Licensed Professional Counselor

_____ Licensed Marital and Family Therapist

_____ Licensed Psychologist

Submit the following with this application:

- A. Written notification of current licensure and good standing from your licensing board.
- B. A roster documenting 10 hours of continuing education pursuant to Section 1948 of the LBP Act.
- C. A letter memorializing your (1) agreement to learn and teach the Oklahoma Act and Regulations to the LBP Candidate in the course of the supervision (2) willingness be on-call on a 24 hour basis to your LBP supervisee and to arrange for an alternate supervisor when you not available (3) attestation that you have practiced for 2 years past the issuance of you license in positions similar to those the LBP candidate proposes to practice (4) passing score on the Oklahoma LBP State Standards Test.
- D. An LBP supervision agreement signed by both your supervisee and you.

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 office use only).....

Date application approved: _____ Denied: _____

Reason for denial: _____ Staff initials: _____