



**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>

LMFT SUPERVISOR APPLICATION FORM

1. Name: _____

2. Address: _____

_____ Phone #: _____

3. Address of current employment: _____

_____ Phone #: _____

4. Oklahoma MFT license number: _____ Issue date: _____

5. Are you an LMFT in another state? Yes No If "yes", what state? _____

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

6. Are you an approved supervisor with the American Association for Marriage and Family therapy who is thoroughly familiar with the Oklahoma LMFT Act and Rules?

Yes No (if "yes" enclose a copy of your AAMFT supervisor certificate.)

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

Yes No

8. Have you successfully completed a university graduate course in therapist 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 therapist 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: _____