

# STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

## Instructions for Submitting an Application for Licensure

Please be aware the application review process takes no less than 6 weeks to complete. Processing time may be extended and is largely dependent upon when the complete application is received. Below is a recommended sequence for completing and submitting your application for Licensed Professional Counselor (LPC), Licensed Marital and Family Therapist (LMFT) and Licensed Behavioral Practitioner (LBP):

1. Request fingerprint cards from the Professional Counselor Licensing Division by contacting DeNitra DuBose at [DeNitra.DuBose@bbhl.ok.gov](mailto:DeNitra.DuBose@bbhl.ok.gov) with your name and mailing address.

Each applicant for licensure must have a background check completed by the Oklahoma State Bureau of Investigation (OSBI).

2. Complete your part of the following documents and distribute them to the appropriate third parties, then retrieve the signed documents from the third party for submission:

- Three (3) Document of Recommendation Forms.
- Internship/Practicum Documentation Form.

3. Request that an **official copy of your university transcript** (graduate coursework only) be mailed to you from the university registrar. The transcript must be in a sealed envelope with the registrar's stamp over the flap. Include the unopened envelope from the registrar in your application packet.

Please be aware that transcripts cannot be reviewed and fingerprint cards cannot be processed unless they are submitted along with your application form and application fee.

4. Complete the application form and affix your personal check, money order or cashier's check for the application fee. The application fee for each license type is:

- Licensed Professional Counselor - \$145.00 (Made payable to the LPC Revolving Fund)
- Licensed Marital and Family Therapist - \$200.00 (Made payable to the LMFT Revolving Fund)
- Licensed Behavioral Practitioner - \$275.00 (Made payable to the LBP Revolving Fund)

5. Assemble all the above materials and if possible, submit them in one envelope to:

State Board of Behavioral Health Licensure (BBHL)  
3815 N. Santa Fe, Ste. 110  
Oklahoma City, OK 73118

### Supervised Experience Forms:

Enclosed in your application packet are a Supervision Agreement, Statement of Professional Disclosure and On-Site Supervisor Verification Form. You must be approved by the Agency before you may begin to accrue supervised experience hours.

### For Your Own Protection:

- Photocopy all the documents you have submitted.
- Submit your documents by certified mail.
- Double check – to ensure that all forms are completed as per instructions, official transcript(s) are in a sealed envelope from the registrar and that all forms are signed and each signature is dated.

**\*\*Failure to comply with the instructions may cause a delay in the processing of your application.\*\***

# APPLICATION INVENTORY

(Please staple this form to the front of your completed application packet)

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check the line beside the appropriate response:**

I am applying to become licensed as an:       LPC       LBP       LMFT

**Inside this packet I have enclosed the following:**

Application form       The application fee, equaling: \$ \_\_\_\_\_

Sealed transcript. If yes, from which University(s)?

\_\_\_\_\_

Three (3) Documents of recommendation. PLEASE NOTE: Must be on Department form(s)

Since three (3) recommendation forms are required, if less than three (3) are enclosed, please explain why.

\_\_\_\_\_

Internship/Practicum documentation form

Supervision agreement (if applicable at the time of application)  
THE SUPERVISION AGREEMENT WILL NOT BE APPROVED IF NOT ACCOMPANIED BY THE  
CANDIDATE'S STATEMENT OF PROFESSIONAL DISCLOSURE AND THE ON-SITE  
SUPERVISOR VERIFICATION FORM.

Candidate Statement of Professional Disclosure Form (does not apply for LMFT)

Affidavit of Lawful Presence

On-Site Supervisor Verification Form

Academic worksheet

Two, classifiable sets of fingerprints (if fingerprint cards are not included with this packet, contact DeNitra DuBose at DeNitra.Dubose@bbhl.ok.gov)

Please list any additional enclosures in the space below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**APPLICATION FORM**

Please check the license you are applying for:

**LPC**

**LBP**

**LMFT**

(Please Print Legibly or Type)

**1. Identifying Information:**

- a) Applicant's Name: \_\_\_\_\_
- b) Social Security Number: \_\_\_\_\_ c) Birth date: \_\_\_\_\_ d) Sex:  M  F
- e) Preferred Mailing Street Address: \_\_\_\_\_
- f) City, State, Zip: \_\_\_\_\_
- g) Area code & Telephone: \_\_\_\_\_
- h) E-mail Address: \_\_\_\_\_
- i) Current Place of Employment: \_\_\_\_\_
- j) Telephone at Current Place of Employment: \_\_\_\_\_

**2. Education:** College/University granting the qualifying degree (please print out the full name of the school - do not abbreviate or use initials):

- a) Name of Institution: \_\_\_\_\_
- b) Graduate Degree: \_\_\_\_\_ c) Year Graduated: \_\_\_\_\_
- d) Major: \_\_\_\_\_
- e) Name(s) on transcript(s) if different from that listed on item 1.(a) of this application: \_\_\_\_\_

**3. Other Credentials:** If you possess professional licenses or certificates issued by Oklahoma or other states, give license or certificate titles, numbers, states issuing and expiration date.

\_\_\_\_\_

(over)

**4. Professional Misconduct:**

a) Have you ever had your professional membership, registration, certificate or license suspended, revoked, restricted, or denied or has any other disciplinary action been taken against you by any professional organization, federal or state regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body, to the best of your knowledge?

Yes  No

b) Have you ever had professional privileges in a hospital, HMO, etc., suspended or restricted or has any other disciplinary action been taken against you on grounds of unprofessional conduct, incompetence, negligence or unsafe practice?

Yes  No

c) Has any claim been made against you in a criminal or a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including but not limited to the following examples: sexual intimacy with a client, a dual relationship with a client, violation of confidentiality, or any other offense which might relate to your professional practice?

Yes  No

d) Have you ever voluntarily given up privileges, registration, certificate or license to practice your profession or agreed to restrict your practice?

Yes  No

*If you answered "yes" to any of the above, provide detailed information on a separate piece of paper.*

e) Have you ever been convicted of a felony or a misdemeanor?

Yes  No

f) If your answer to number 4.(e) is "yes", please provide the following information:

Date of conviction: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Charge: \_\_\_\_\_

If the conviction was set aside, give the date and provide detailed information on a separate piece of paper.

**5. References:**

Separate documents in your application packet call for recommendations from third parties. Three documents must be submitted. The rater must be a **professional who is familiar with your personal character and professional skills.**

**6. Proposed Professional Practice:**

Please describe how you plan to use your license including: 1.) type of professional setting (hospital, school, in/out patient, etc.) 2.) client population 3.) client age range 4. type of practice (governmental, private not for profit, private for profit).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY**

I understand that the Oklahoma Open Records Act requires that all records contained in my licensing file, with the exception of my university transcripts and any documents associated with an on-going investigation of my professional conduct, are available for public scrutiny and photocopying.

I hereby grant permission to the Department to seek any information or references deemed fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation of the license, I shall return said license.

The information that I have provided in this application is truthful. I understand the giving the Department false information of any kind may result in the voiding of this application and possible disciplinary action.

**I have read the Act and Regulations relevant to the license, for which I am applying, understand them and agree to abide by them.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



Licensed Behavioral Practitioners  
Licensed Marital and Family Therapists  
Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
Oklahoma City, OK 73118  
Telephone: (405) 522-3696  
Fax: (405) 522-3691  
www.ok.gov/behavioralhealth

**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON  
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which one of the following statements apply.)

\_\_\_\_\_ I am a United States citizen.

\_\_\_\_\_ I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the United States. (Alien or Admission # \_\_\_\_\_)

I state under penalty of perjury under the laws of Oklahoma that the Foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

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

Print Name: \_\_\_\_\_

If you are using this form to renew a license, permit, or certificate, please write you license number: \_\_\_\_\_  
(Current license, permit, or certificate #)

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY  
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

**The person signing this form must read these instructions carefully.**

1. If the person executing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person executing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person executing this form is not a citizen of the United States but is a qualified alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the United States.*"
3. In the space after the word "*Date*" the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form.
4. Within the context of the execution of this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**DOCUMENT OF RECOMMENDATION**

Please check the appropriate license:     LPC         LBP         LMFT

This document is to be completed by a **professional person who has knowledge of the applicant's personal character and professional competence.** Please rate the applicant in comparison to other professionals at a similar level of training and experience. Raters shall not be Health Department employees or members of the Board of Health or Advisory Board or members of the applicant's family.

**(To be completed by Applicant)**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's place of employment: \_\_\_\_\_

Applicant's telephone number: \_\_\_\_\_

----- **(To be completed by rater)** -----

Please rate the applicant in the following categories:

**No Observation      Below Average      Average      Above Average**

Personal Character: \_\_\_\_\_

Professional Ethics: \_\_\_\_\_

Professional Training: \_\_\_\_\_

Treatment Skills: \_\_\_\_\_

Assessment Skills: \_\_\_\_\_

Consulting Skills: \_\_\_\_\_

Research Skills: \_\_\_\_\_

**(over)**





Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**DOCUMENT OF RECOMMENDATION**

Please check the appropriate license:     LPC         LBP         LMFT

This document is to be completed by a **professional person who has knowledge of the applicant's personal character and professional competence.** Please rate the applicant in comparison to other professionals at a similar level of training and experience. Raters shall not be Health Department employees or members of the Board of Health or Advisory Board or members of the applicant's family.

**(To be completed by Applicant)**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's place of employment: \_\_\_\_\_

Applicant's telephone number: \_\_\_\_\_

----- **(To be completed by rater)** -----

Please rate the applicant in the following categories:

**No Observation      Below Average      Average      Above Average**

Personal Character: \_\_\_\_\_

Professional Ethics: \_\_\_\_\_

Professional Training: \_\_\_\_\_

Treatment Skills: \_\_\_\_\_

Assessment Skills: \_\_\_\_\_

Consulting Skills: \_\_\_\_\_

Research Skills: \_\_\_\_\_

**(over)**





Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**DOCUMENT OF RECOMMENDATION**

Please check the appropriate license:     LPC         LBP         LMFT

This document is to be completed by a **professional person who has knowledge of the applicant's personal character and professional competence.** Please rate the applicant in comparison to other professionals at a similar level of training and experience. Raters shall not be Health Department employees or members of the Board of Health or Advisory Board or members of the applicant's family.

**(To be completed by Applicant)**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's place of employment: \_\_\_\_\_

Applicant's telephone number: \_\_\_\_\_

----- **(To be completed by rater)** -----

Please rate the applicant in the following categories:

**No Observation      Below Average      Average      Above Average**

Personal Character: \_\_\_\_\_

Professional Ethics: \_\_\_\_\_

Professional Training: \_\_\_\_\_

Treatment Skills: \_\_\_\_\_

Assessment Skills: \_\_\_\_\_

Consulting Skills: \_\_\_\_\_

Research Skills: \_\_\_\_\_

**(over)**





Licensed Behavioral Practitioners  
Licensed Marital and Family Therapists  
Licensed Professional Counselors

State Board of Behavioral Health Licensure  
3815 N. Santa Fe, Ste. 110  
Oklahoma City, OK 73118  
Telephone: (405) 522-3696  
Fax: (405) 522-3691  
[www.ok.gov/behavioralhealth](http://www.ok.gov/behavioralhealth)

## INTERNSHIP/PRACTICUM DOCUMENTATION FORM

Please check the appropriate license:       LPC       LBP       LMFT

(To be completed by applicant)

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

Name and address of agency where practicum was taken:

Name: \_\_\_\_\_

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

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

Inclusive dates of practicum: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of clock hours accrued in practicum: \_\_\_\_\_

Name of school arranging practicum: \_\_\_\_\_

Type of treatment done: \_\_\_\_\_

(To be completed by supervisor or school official)

I verify that the above information is true and correct:

Name of person verifying: \_\_\_\_\_

Address of person verifying: \_\_\_\_\_

\_\_\_\_\_

Telephone number of person verifying: \_\_\_\_\_

Title/position of person verifying: \_\_\_\_\_

Do you recommend this person to pursue licensure?       Yes       No

Signature of person verifying: \_\_\_\_\_

(Please copy this form if more than one practicum was taken)



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**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 13 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 Current Place of Employment: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**ON-SITE SUPERVISOR VERIFICATION**

I the undersigned have read and agree to comply with the requirements set forth in Subchapter 11 of the LPC Regulations or Subchapter 13 of the LBP Regulations or Subchapter 9 of the LMFT Regulations.

Printed Name of Candidate: \_\_\_\_\_

Candidate's Application for Licensure Type (please check one):  LPC  LMFT  LBP

Candidate's Current Place of Employment: \_\_\_\_\_

Address of Current Place of Employment: \_\_\_\_\_

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

Candidate's Phone #: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of On-Site Supervisor: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

Approved: Yes No Date Approved/Disapproved: \_\_\_\_\_ PCL Staff Initials: \_\_\_\_\_

Reason for Disapproval/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**  
 3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**STATEMENT OF PROFESSIONAL DISCLOSURE - CANDIDATE**

I am required by regulation to furnish this document to you. It requires that I inform you of my professional training, orientation/techniques, fees and credentials. I am working toward licensure as a Professional Counselor or Behavioral Practitioner under the auspices of the State Board of Behavioral Health Licensure. I am in the process of accruing 3000 hours of supervised experience, which are required for licensure. Until that time, the supervising licensee listed below shall supervise me.

I will be happy to discuss this information with you and/or furnish you with printed material concerning the licensing process. You may contact (without giving your name), the State Board of Behavioral Health Licensure listed on the masthead of this document.

Printed Name of Candidate: \_\_\_\_\_

Candidate's Application for Licensure Type (please check one):     LPC     LBP

Candidate's Current Place of Employment: \_\_\_\_\_

Address of Current Place of Employment: \_\_\_\_\_

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

Candidate's Work Phone #: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Supervisor's Current Place of Employment: \_\_\_\_\_

Address of Current Place of Employment: \_\_\_\_\_

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

Supervisor's Work Phone #: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

..... (For client use only).....

The above-designated Licensee Candidate has satisfactorily supplied me with information and/or printed material regarding his/her practice, licensure and professional development.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

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

Notes: \_\_\_\_\_



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

3815 N. Santa Fe, Ste. 110  
 Oklahoma City, OK 73118  
 Telephone: (405) 522-3696  
 Fax: (405) 522-3691  
 www.ok.gov/behavioralhealth

**LMFT SUPERVISION AGREEMENT**

I the undersigned have read and agree to comply with the requirements set forth in Subchapter 9 of the LMFT 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 Current Place of Employment: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUBCHAPTER 9. SUPERVISED EXPERIENCE REQUIREMENTS

### 86:15-9-1. Supervisor and supervisee responsibilities

Supervisor and Supervisee shall be jointly responsible for:

- (1) insuring the requirements under this subchapter are fulfilled. Any 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) insuring the client's right to confidentiality is protected and the rules of the supervisor's and supervisee's respective employers are adhered to during the course of supervision.

### 86:15-9-2. Acceptable supervised experience

Supervised experience is acceptable when:

- (1) it begins after all applicable academic requirements as stated in Subchapter 5 have been completed, and supervision agreement has been approved by the Board.
- (2) official application for licensure has been made. This includes Application, application fee, Internship/Practicum Documentation Form, official graduate transcript, three (3) Document of Recommendation Forms, completed criminal background check, On-Site Supervisor Verification Form, and Supervision Agreement. Applicants who have met part or all of supervision experience requirements for clinical membership in AAMFT will be considered to have met part or all of the supervision requirements for licensure in Oklahoma.
- (3) it consists of the performance of therapy activities as described in Section 1925.2, subsection 7 and 9 of the LMFT Act and contains the following characteristics:
  - (A) supervision focuses on the raw data from a supervisee'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 and the LMFT Act and Regulations.
  - (B) supervision is a process clearly distinguishable from personal psychotherapy, and is contracted in order to serve professional/vocational goals.
  - (C) individual supervision shall be face-to-face with one supervisor and one or two supervisees.
  - (D) group supervision may be done with up to six supervisees and a supervisor.
- (4) supervised experience hours may be accrued in academic, governmental, or private practice settings.
- (5) the supervised experience is accrued in a private for-profit or private not-for-profit therapy setting without having an approved LMFT supervisor providing on-site supervision, if the agency employing the LMFT Candidate provides an on-site supervisor who is available to the LMFT Candidate any time services are being rendered by the LMFT Candidate, and the LMFT Candidate is receiving supervision for licensure from an approved LMFT supervisor. Out of state on-site supervisors may be approved on a case-by-case basis.

### 86:15-9-3. Supervisor qualifications

(a) In order to be approved as a supervisor for therapists seeking MFT licensure, an individual must:

- (1) be an American Association for Marriage and Family Therapy approved Supervisor familiar with Oklahoma LMFT Act and Rules duly promulgated, or (2) be an LMFT
  - (A) with two (2) years of experience in marital and family therapy beyond the number of years of experience required for licensure and
  - (B) who has successfully completed a graduate course in therapist supervision (at least 45 contact hours) or equivalent course of study acceptable to the Board. This equivalent course of study should consist of workshops in marriage and family therapy supervision in combination with directed study of the marriage and family therapy supervision literature. Fifteen (15) of the 45 clock hours should be in a class or workshop format which includes a minimum of four supervisors-in-training; the other 30 clock hours should be reserved for the directed study. Directed study must be approved and monitored by an Approved Supervisor.
- (b) Approved LMFT Supervisors are required to complete a minimum of three (3) clock hours, every three (3) years, of continuing education in therapy supervision specific to Oklahoma law provided by the LMFT License Committee, or its designee. Approved Supervisor designation will not be renewed until the continuing education requirement for each missed renewal period is met.
- (c) If continuing education requirement is not met within six (6) years of expiration, approved supervisor status will be permanently expired and the LMFT must re-apply and meet all requirements, including passing the Oklahoma LMFT Examination, in this Subchapter to become an approved supervisor.
- (d) An active approved supervisor may request inactive status by submitting a request in writing to the Board. An inactive approved supervisor shall not provide any activities described in Subchapter 9 of this Chapter.
- (e) An inactive approved supervisor may reactivate by submitting the required therapy supervision continuing education due by the end of the current renewal period. If approved supervisor status has been inactive for three (3) or more years, the supervisor must retake and pass the Oklahoma LMFT Examination before approved status is reinstated.
- (f) An active approved supervisor status may be retired by informing the Board in writing. Retired approved supervisor status shall not be reinstated but does not prevent a person from applying for approved supervisor status at a future date.
- (g) No re-application for a revoked approved supervisor status, as a result of administrative proceeding, shall be considered for a period of five (5) years following the revocation.

### 86:15-9-4. Duration of supervised experience

- (a) Work experience under supervision must extend over a minimum of 24 months. This marital and family therapy related experience must include a minimum of 1000 hours of direct client contact. The candidate must have a minimum of 250 relational hours with two or more members of the relational system present in the session.
- (b) Supervision sessions:
  - (1) should be scheduled weekly and shall be no less than 6.25 hours of supervision for each 42 hours of direct client contact. No more than 42 hours of direct client contact can be counted in a four week period of time, or
  - (2) may be arranged on a different schedule upon:
    - (A) written request of the supervisor and supervisee in advance, and
    - (B) approval of the schedule by the Board.
- (c) Total number of face-to-face supervision hours must be at least 150. Supervision in group sessions shall equal no more than 75 hours of the total requirement. Technology-assisted supervision shall not account for more than 75 hours of the total requirement.
- (d) Approved LMFT Supervisors shall meet with LMFT candidate(s) in person at least once every six month evaluation period when performing technology-assisted supervision.
- (e) Supervisors shall perform at least two (2) observations, (live or tape) per each six (6) month evaluation period for each supervisee.
- (f) Approved supervisors shall consult with on-site supervisor at least once per supervisee during each reporting period.

# LPC ACADEMIC WORKSHEET

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

University: \_\_\_\_\_ Degree: \_\_\_\_\_

## **CORE COURSES – All courses must be 3 semester hours\* (total at least 27 semester hours)**

**A. Human growth and development – at least 1 course.** Each course which deals with the process stages of human intellectual, physical, social and emotional development of any of the stages of life from prenatal through old age.

1. \_\_\_\_\_

**B. Abnormal human behavior – at least 1 course.** Each course which offers a study of the principles of understanding dysfunction in human behavior or social disorganization.

1. \_\_\_\_\_

**C. Appraisal/assessment techniques – at least 2 courses.** Each course which deals with the principles, concepts and procedures of systematic appraisal, assessment, or interpretation of client needs, abilities, and characteristics, which may include the use of both testing and non-testing approaches.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**D. Counseling theories/methods – at least 2 courses.** Each course which surveys the major theories and/or techniques of counseling.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**E. Professional orientation/ethics – at least 1 course.** Each course which deals primarily with the objectives of professional counseling organizations, codes of ethics, legal aspects of practice, standards of preparation and the role of persons providing direct counseling services.

1. \_\_\_\_\_

**F. Research – at least 1 course.** Each course which deals with the methods of social science or mental health research which includes the study of statistics or a thesis in an area relevant to the practice of counseling.

1. \_\_\_\_\_

**G. Practicum/internship - at least 1 course equaling at least 300 clock hours.** An organized practicum with planned experiences providing classroom and field experience with clients under the supervision of college or university approved counseling professionals.

1. \_\_\_\_\_

## **ELECTIVE COURSES – at least 5 courses of at least 3 semester hours each (total at least 15 semester hours)**

**H. Group dynamics**

\_\_\_\_\_  
**I. Life style & career development**

\_\_\_\_\_  
**J. Social & cultural foundations**

\_\_\_\_\_  
**K. Personality theories**

\_\_\_\_\_  
**L. Crisis intervention**

\_\_\_\_\_  
**M. Marriage/family counseling**

\_\_\_\_\_  
**N. Addictions counseling**

\_\_\_\_\_  
**O. Rehabilitation counseling**

**P. Gerontology**

\_\_\_\_\_  
**Q. Human sexuality**

\_\_\_\_\_  
**R. Counseling with children/adolescents**

\_\_\_\_\_  
**S. Clinical supervision**

\_\_\_\_\_  
**T. Psychopharmacology**

\_\_\_\_\_  
**U. Consultation**

\_\_\_\_\_  
**V. Physical & Emotional Health**

\_\_\_\_\_  
**W. Grief Counseling**

## ADDITIONAL COURSES

Using the key below, please use the corresponding letter beside each academic category to document the remaining graduate courses on your transcript in order to reach the **60-semester hour requirement** (ex. B. Abnormal human behavior = Academic Category: B).

### Academic category Key:

- |                                    |                                    |                               |   |
|------------------------------------|------------------------------------|-------------------------------|---|
| A. Human growth and development    | E. Professional orientation/ethics | K. Personality theories       | R. Counseling with children/adolescents |
| B. Abnormal human behavior         | F. Research                        | L. Crisis intervention        | S. Clinical supervision                 |
| C. Appraisal/assessment techniques | G. Practicum/internship            | M. Marriage/family counseling | T. Psychopharmacology                   |
| D. Counseling theories/methods     | H. Group dynamics                  | N. Addictions counseling      | U. Consultation                         |
|                                    | I. Life style/career development   | O. Rehabilitation counseling  | V. Physical & emotional health          |
|                                    | J. Social and cultural foundations | P. Gerontology                | W. Grief Counseling                     |
|                                    |                                    | Q. Human Sexuality            |   |

1. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

2. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

3. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

4. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

5. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

6. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

7. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

8. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

9. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

10. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

11. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

12. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

13. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

14. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

15. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

16. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

17. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

18. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

19. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

20. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

# LMFT ACADEMIC WORKSHEET

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

University: \_\_\_\_\_ Degree: \_\_\_\_\_

**Theoretical Foundations of Marital and Family Systems** – any course which deals primarily in areas such as family life cycle; theories of family development; marriage and/or the family; sociology of the family; families under stress; the contemporary family; family in a social context; the cross-cultural family; youth/adult/aging and the family; family subsystems; individual, interpersonal relationships (marital, parental, sibling). 3 – 3 semester hour courses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Assessment and Treatment in Marital and Family Therapy** – any course which deals in areas such as family therapy methodology; family assessment; treatment and intervention methods; overview of major clinical theories of marital and family therapy such as: communications, contextual, experiential, object relations, strategic, structural, systemic, transgenerational. 3 – 3 semester hour courses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Human Development** – any course which deals primarily in areas such as human development; personality theory; human sexuality; psychopathology; at least one of which in psychopathology or abnormal human behavior. 3 – 3 semester hour courses.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Ethics and Professional Studies** – any course which deals primarily in areas such as professional socialization and the role of the professional organization; legal responsibilities and liabilities; independent practice and inter-professional cooperation; ethics and family law. 1-3 semester hour course

1. \_\_\_\_\_

**Research** – any course which deals primarily in areas such as research design, methods, statistics, research in marital and family therapy. 1-3 semester hour course

1. \_\_\_\_\_

**Practicum/internship** – At least 300 clock hours

1. \_\_\_\_\_

# LBP ACADEMIC WORKSHEET

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

University: \_\_\_\_\_ Degree: \_\_\_\_\_

**A. Assessment and Diagnosis – at least 6 semester hours.** Courses teaching the measurement and assessment of an individual's behavioral or psychological functioning such as the assessment of psychopathology, personality characteristics, intellectual functioning, skills and interests and neuropsychological functioning.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**B. Intervention – at least 9 semester hours.** Courses teaching empirically validated treatment modalities for the remediation, treatment or prevention of behavior disorders, adjustment problems and psychopathology or other disturbances in psychological functioning.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

**C. Experimental Foundations – at least 6 semester hours.** Courses teaching the design, conduct, analysis and interpretation of psychological research or concerning the general principles and processes for the core areas of experimental psychology.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**D. Psychopathology – at least 6 semester hours.** Courses teaching the psychological diagnosis and etiology of psychopathology or mental and behavioral disorders of children and adults.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**E. Personality and Social Psychology – at least 6 semester hours\*.** Courses teaching the psychological or behavioral development and functioning of the individual and group differences. **\*Three of these hours shall be in a course in multicultural issues or cultural bases of behavior.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**F. Professional orientation/ethics – at least 3 semester hours.** Courses teaching the objectives of professional behavioral health services organizations, codes of ethics, legal aspects of practice, standards of preparation and the role of persons providing direct behavioral health services.

1. \_\_\_\_\_

**G. Biological bases of behavior – at least 3 semester hours.** Courses teaching the biological, physiological, genetic underpinnings of behavior.

1. \_\_\_\_\_

**H. Practicum/internship – at least 300 clock hours.** Organized learning experiences in behavioral health services with classroom and field experience with clients under the supervision of college/university approved behavioral health services professionals.

\_\_\_\_\_

## ADDITIONAL COURSES

Using the key below, please use the corresponding letter beside each academic category to document the remaining graduate courses on your transcript in order to reach the **60 semester hour requirement** (ex. B. Intervention = Academic Category: B).

### Academic category key:

A. Assessment  
B. Intervention  
C. Experimental foundations

D. Psychopathology  
E. Personality and Social Psychology  
F. Professional orientation/ethics

G. Biological bases of behavior  
H. Practicum/Internship

1. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
2. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
3. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
4. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
5. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
6. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
7. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
8. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
9. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
10. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
11. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
12. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
13. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
14. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
15. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
16. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
17. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
18. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
19. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_
20. Name of Course: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Academic Category: \_\_\_\_\_

## Important Information

Read before submitting your registration.

- Before registering for the exam, please contact the State Board of Behavioral Health Licensure (BBHL) to learn how to become approved to test. Before you can be registered with CCE, confirmation of approval from your state board is required.
- Registrations are first received by CCE's Accounting Department then forwarded to the Assessment Department after your fee has been processed. To confirm when your fee has been processed, please check with your financial institution.
- **The registration processing time is four weeks from the time your payment is processed.** Once registered you will be notified by e-mail and postcard. Once registered, your exam fee is good for six months. Please note that many states impose their own eligibility deadlines that may be less than the six months CCE offers.
- To check the status of your registration, e-mail [exam@cce-global.org](mailto:exam@cce-global.org). Write the name of your state in the subject line.
- Special accommodation requests should be submitted to the BBHL for approval. The state board will notify CCE once the request has been approved.
- Failure to contact the BBHL regarding special accommodation approval can delay the processing time. Your six-month eligibility time will not be extended if your special accommodation approval is received after you are registered.
- You may reschedule an examination appointment at no charge one time by calling AMP at 888-519-9901 at least three business days prior to the scheduled testing session. Please note, your rescheduled exam date must fall within your original six-month eligibility period.
- Confirmation of your test date will come from AMP by e-mail. You will not be sent an admission letter from CCE. To verify your test date, contact AMP.
- Please do not contact AMP to schedule a test date until you have received confirmation from CCE.
- Your scores are automatically sent to the BBHL approximately four weeks after the last day of the testing week. Please check with your state board before requesting a score verification.

**All candidates are responsible for ensuring that registration materials are received by CCE. If you are unsure of any piece of the registration process, please e-mail CCE at [exam@cce-global.org](mailto:exam@cce-global.org) before submitting any registration materials or documentation.**

### TESTING QUESTIONS?

Tel: 336-217-4111    E-mail: [exam@cce-global.org](mailto:exam@cce-global.org)    Web site: [www.nbcc.org/directory](http://www.nbcc.org/directory)  
Street Address: CCE Assessment Dept., 3 Terrace Way, Greensboro, NC 27403

### ABOUT REGISTRATION

- The cost to register is \$195. This examination fee is **nonrefundable and nontransferable**. This fee is in **addition** to the \$145 licensure application fee you submitted to the BBHL.
- Registration is required. Please allow four weeks' processing from the time your fee clears. (To check the status of your registration, send an e-mail to exam@cce-global.org. Include the name of your state in the subject line. Please do not call.)
- You will be notified of the scheduling process by e-mail and postcard once your examination registration is processed. You must test within six months of notification.
- Special accommodation requests should be sent to the State Board of Behavioral Health Licensure along with supporting documentation from a qualified professional for pre-approval.

### PLEASE INCLUDE THE FOLLOWING WITH YOUR MATERIALS:

- Your completed registration form.
- Your \$195 examination fee. Use Payment Form below.
- A copy of your eligibility letter from the State Board of Behavioral Health Licensure (BBHL).

### SEND REGISTRATION MATERIALS TO:

CCE Assessment Dept.  
P.O. Box 7407  
Greensboro, NC 27417-0407.  
**Or:**  
Fax: 336-217-0222.

### FOR OFFICE USE ONLY

REF.#1: \_\_\_\_\_  
BATCH #1: \_\_\_\_\_  
DATE: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_

**You must be approved by BBHL and all of the materials listed above must be received before you will be allowed to schedule an examination date.**

1. First Name/MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Previous Name(s): \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
4. Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_
5. E-mail: \_\_\_\_\_
6. Gender:  Male  Female
7. Date of Birth (mm/dd/yyyy): \_\_\_\_\_
8. Ethnic Origin (optional; used for statistical purposes only):  
 African-American  Asian  Caucasian  Hispanic/Latino  Multiracial  Native American  Native Hawaiian  Other
9. Have you been approved by the State Board of Behavioral Health Licensure for special accommodations?  Yes  No
10. Have you previously taken the NCE?  Yes  No If "yes," indicate date(s): \_\_\_\_\_
11. Master's Degree Granting Institution: \_\_\_\_\_

*I understand and agree that I am taking the NCE as part of the Oklahoma state licensing requirements, and approval to take the NCE or the receipt of a passing score does not demonstrate that Oklahoma state licensure or NBCC certification requirements have been satisfied. I authorize CCE to provide the State Board of Behavioral Health Licensure with examination results. Use of the NCE scores for licensure in other states may not occur until licensure is granted in Oklahoma. By signing this document, I hereby certify that the information and materials provided in this application are true, accurate and complete to the best of my knowledge and belief. I agree to abide by all NBCC and CCE policies, procedures and agreements concerning the NCE examination.*

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

### PAYMENT FORM

Card Type:  VISA  MasterCard  American Express Amount: \$ \_\_\_\_\_

- Enclosed is a check or money order payable to NBCC.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Verification Code Numbers (from back of card): \_\_\_\_\_

- Please charge the credit card listed on the right.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

This is a supplement to the NCE candidate handbook, which can be downloaded from the NBCC Web site at [www.nbcc.org/directory](http://www.nbcc.org/directory).

#### CONTACT INFORMATION

All questions and requests for information about Oklahoma licensure should be directed to:

State Board of Behavioral Health Licensure (BBHL)  
3815 N. Santa Fe, Suite 110  
Oklahoma City, OK 73118

Telephone: 405-522-3696

Fax: 405-522-3691

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

All questions and requests for information about the Oklahoma licensure examination program and the National Counselor Examination program should be directed to:

CCE Assessment Dept.

3 Terrace Way  
Greensboro, NC 27403.

Telephone: 336-217-4111

Web site: [www.nbcc.org/directory](http://www.nbcc.org/directory)

#### ELIGIBILITY REQUIREMENTS

You must receive approval from the BBHL before testing. Once approved, you will receive a letter of approval and a Licensure Examination Registration Form from the BBHL. Complete the registration form, include the \$195 examination fee, then send to CCE. This fee is in **addition** to the \$145 licensure application fee you submitted to the BBHL. **(Fees are subject to change.)**

#### REGISTRATION DEADLINES

Allow four weeks processing from the time the payment clears. You can submit registration materials described above at any time, but be aware that space is limited. The fees are good for six months. (To check the status of your registration, please send an e-mail to [exam@cce-global.org](mailto:exam@cce-global.org) and specify the name of your state in the subject line. Please do not call.)

#### TESTING SCHEDULE

Testing occurs during the first two full weeks of each month, Monday through Saturday at 9 a.m. and 1:30 p.m. with four hours allowed for the completion of the exam. However, only certain sites offer Saturday testing; contact AMP for particular locations and dates. Candidates are scheduled on a first-come, first-served basis. There are two testing locations in Oklahoma; however, you are able to test at any of the more than 191 AMP assessment centers across the United States. The two sites in Oklahoma are in Oklahoma City and Tulsa.

#### EXAMINATION SCHEDULE FOR 2014/2015

<b>October 2014</b>	10/06 - 10/18
<b>November 2014</b>	11/03 - 11/15
<b>December 2014</b>	12/01 - 12/13
<b>January 2015</b>	01/05 - 01/17
<b>February 2015</b>	02/09 - 02/21
<b>March 2015</b>	03/02 - 03/14
<b>April 2015</b>	04/06 - 04/07
<b>April 2015</b>	04/16 - 04/25
<b>May 2015</b>	05/04 - 05/16
<b>June 2015</b>	06/01 - 06/13
<b>July 2015</b>	07/06 - 07/18
<b>August 2015</b>	08/03 - 08/15
<b>September 2015</b>	09/07 - 09/19
<b>October 2015</b>	10/05 - 10/17
<b>November 2015</b>	11/02 - 11/14
<b>December 2015</b>	12/07 - 12/19

Schedule your exam date through AMP's Web site or by calling AMP's toll-free customer service line after you receive confirmation from CCE.

AMP telephone number: 888-519-9901

AMP Web site: [www.goAMP.com](http://www.goAMP.com)

#### REREGISTRATION

If you fail the exam, you will have to wait at least three months from the test date before you can retest. The actual retest date will depend on the monthly testing schedule and site availability. You will need to send a new registration form and examination fee (\$195). You may get the registration form by calling the BBHL.

#### SPECIAL ACCOMMODATIONS

Send requests for special accommodations along with supporting documentation from a qualified professional to BBHL. CCE must receive confirmation of approval from BBHL before notifying AMP of the accommodation requirements. Special accommodation requests must be made for each examination. Special accommodation approvals are good for one year. After one year, you will need to submit a new request. If your special accommodation is approved, you will need to call AMP to schedule your test date.

#### AFTER PASSING THE EXAM

Once you have passed the NCE, or if you have any questions about the Oklahoma licensure process, please contact the State Board of Behavioral Health Licensure (BBHL) for further information.

## **Oklahoma Legal and Ethical Responsibilities Exam (OLERE) Information**

The OLERE is a multiple choice jurisprudence exam that covers the LPC Act and Regulations. To download the LPC Act and Regulations, please go to:

[http://www.ok.gov/behavioralhealth/Acts\\_and\\_Regulations/index.html](http://www.ok.gov/behavioralhealth/Acts_and_Regulations/index.html)

You are allowed one (1) hour to complete the exam and the passing score is 70%. The registration fee for the exam is \$40.00. Available methods of payment depend on the exam site you choose.

For a list of exam sites use the following link, [www.okhcp.com](http://www.okhcp.com) and click on the Professional Counselor Licensing tab on the left side of the screen. Please bring your OLERE eligibility letter and a photo id to the exam site.

If you fail the Oklahoma LPC Examination you must wait at least three (3) days from the date of your exam before you can retest. You will be required to pay an examination fee each time you sit for the exam.

Please be aware of the following LPC Regulation:

The application of a person who fails to apply for, sit for, and successfully pass the National Counselor Examination and the Oklahoma Legal and Ethical Responsibilities Examination, within the two-year eligibility period, after the applicant has been mailed notification at last known address in writing of his/her eligibility for examination, shall be voided and the applicant shall be mailed notification at last known address.



## THE NATIONAL MARITAL AND FAMILY THERAPY EXAMINATION

---

### EXAMINATION PROCESS

---

The Certification Examination is administered monthly during an established one-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-served basis. To find a testing center near you, visit <http://candidate.psiexams.com> or call 1-800-733-9267.

Please note: Hours and days of availability vary at different centers. To schedule your examination appointment, you must have received an Eligibility Notice first from PTC.

---

### FEES

---

Examination Fee	\$350
-----------------	-------

---

### OBTAIN A HANDBOOK FOR CANDIDATES AND APPLICATION

---

Visit [www.ptcny.com/clients/amftrb](http://www.ptcny.com/clients/amftrb) to download PDF version of the Handbook. The Handbook for Candidates is also available at [www.amftrb.org](http://www.amftrb.org).

For more information, contact:  
Professional Testing Corporation  
1350 Broadway, 17th Floor  
New York, NY 10018  
Phone: 212-356-0660  
Fax: 212-356-0678  
[www.ptcny.com](http://www.ptcny.com)

## 2015 AMFTRB NATIONAL MARITAL AND FAMILY THERAPY EXAMINATION

### EXAMINATION DATES

\*Applications are due on the 1st of the month prior to your chosen testing period

---

### 2015 TESTING PERIODS

---

**January 2015** (application due 12/1/2014)

January 17—January 24, 2015

**February 2015** (application due 1/1/2015)

February 14—February 21, 2015

**March 2015** (application due 2/1/2015)

March 14—March 21, 2015

**April 2015** (application due 3/1/2015)

April 18—April 25, 2015

**May 2015** (application due 4/1/2015)

May 9—May 16, 2015

**June 2015** (application due 5/1/2015)

June 20—June 27, 2015

**July 2015** (application due 6/1/2015)

July 18—July 25, 2015

**August 2015** (application due 7/1/2015)

August 15—August 22, 2015

**September 2015** (application due 8/1/2015)

September 19—September 26, 2015

**October 2015** (application due 9/1/2015)

October 17—October 24, 2015

**November 2015** (application due 10/1/2015)

November 14—November 21, 2015

**December 2015** (application due 11/1/2015)

December 12—December 19, 2015

Handbook for Candidates and Application form are available at [www.ptcny.com/clients/amftrb](http://www.ptcny.com/clients/amftrb)

[www.ptcny.com](http://www.ptcny.com)



**PROFESSIONAL TESTING CORPORATION**  
1350 BROADWAY • 17th FLOOR  
NEW YORK, NY 10018

## 2015 AMFTRB NATIONAL MARITAL AND FAMILY THERAPY EXAMINATION

The Association of Marital and  
Family Therapy Regulatory  
Boards

<http://www.amftrb.org>



# VALUE OF CERTIFICATION

## PURPOSE OF THE EXAMINATION

The Association of Marital and Family Therapy Regulatory Boards (AMFTRB) National MFT Examination assists state licensing boards in evaluating the knowledge of applicants for licensure. AMFTRB offers a standardized examination for use by its member boards in order to determine if these applicants have attained the knowledge considered essential for entry level professional practice and to provide a common element in the evaluation of candidates from one state to another. The contribution of subject matter experts, AMFTRB, and Professional Testing Corporation (PTC) are used in the development and continuing improvement of the examination. The National MFT Examination is only part of the overall evaluation used by the member boards.

The examination is designed to assess this knowledge through questions focused on the tasks that an entry level marital and family therapist should be able to perform and the knowledge required to perform those tasks successfully. Candidates who have completed the required academic and supervised experiential preparation and who have developed the level of competence necessary for entry level professional practice in marital and family therapy should be able to pass the examination.



## WHAT CONTENT IS COVERED ON THE EXAMINATION?

The National Marital and Family Therapy Examination is a computer-based examination composed of a maximum of 200 multiple-choice, objective questions with a total testing time of four (4) hours. Questions will be in the following areas:

- I. The Practice of Systemic Therapy
- II. Assessing, Hypothesizing and Diagnosing
- III. Designing and Conducting Treatment
- IV. Evaluating Ongoing Process and Terminating Treatment
- V. Managing Crisis Situations
- VI. Maintaining Ethical, Legal, and Professional Standards

A detailed exam content outline is available in the Handbook for Candidates. The Handbook is available for download at [www.ptcny.com/clients/amftrb](http://www.ptcny.com/clients/amftrb) or [www.amftrb.org](http://www.amftrb.org).

# APPLICATION PROCEDURE

You must first contact your state licensing board for application and eligibility requirements. State licensing board application deadlines, requirements, and fees for licensure may be in addition to those of AMFTRB's.

After the state licensing board has approved you to sit for the examination, the state licensing board will email you an approval letter with an approval code and links to the Professional Testing Corporation's Online Application System (<https://secure.ptcny.com/apply>). Complete the online application and submit examination/testing fee payment. Applications are not considered complete until all information has been provided and payment is received. Retain this link and code for future use.

Within six (6) weeks prior to the start of the testing period, you will receive an Eligibility Notice from PTC via email. The Eligibility Notice includes an eligibility number and information on how to set up your examination location, date, and time through PSI. Retain this document. A printed copy of the Eligibility Notice must be presented along with your current driver's license or passport at the testing center.

## **Oklahoma LMFT Examination (OLMFTE) Information**

The OLMFTE is a multiple choice and true/false jurisprudence exam that covers the LMFT Act and Regulations. To download the LMFT Act and Regulations, please go to:

[http://www.ok.gov/behavioralhealth/Acts\\_and\\_Regulations/index.html](http://www.ok.gov/behavioralhealth/Acts_and_Regulations/index.html)

You are allowed one (1) hour to complete the exam and the passing score is 70%. The registration fee for the exam is \$40.00. Available methods of payment depend on the exam site you choose.

For a list of exam sites use the following link, [www.okhcp.com](http://www.okhcp.com) and click on the **Professional Counselor Licensing** tab on the left side of the screen. Please bring your OLMFTE eligibility letter and a photo id to the exam site.

If you fail the Oklahoma LMFT Examination you must wait at least three (3) days from the date of your exam before you can retest. You will be required to pay an examination fee each time you sit for the exam.

Please be aware of the following LMFT Regulation:

"The applicant must pass the Oklahoma LMFT Examination within one year from the first date applicant is eligible to test or the supervision agreement will be revoked and the applicant shall be mailed notification at last known address. After passing the Oklahoma LMFT Examination, the applicant may submit a new supervision agreement and on-site supervisor verification form for Board approval."

If the OLMFTE is not taken and passed during your eligibility period you will not be able to practice therapy until you have resubmitted your supervision forms and have been approved.

**LICENSED BEHAVIORAL PRACTITIONERS (LBP)  
EXAMINATION INFORMATION**

**ELIGIBILITY REQUIREMENTS**

An LBP applicant is eligible to take the licensing examination following the submission and approval of:

- Application form and fee
- Practicum/Internship Documentation Form
- Affidavit of Lawful Presence
- Official transcript(s) showing completion of all academic requirements
- Three (3) Document of Recommendation forms
- Two (2) classifiable sets of fingerprints; and
- Examination fee

**PRACTITIONER'S EXAMINATION OF PSYCHOLOGICAL KNOWLEDGE (PEPK)**

For questions regarding Practitioner's Examination of Psychological Knowledge (PEPK), please contact the Northamerican Association of Masters in Psychology. You may contact NAMP by phone at (405) 329-3030 or by email at [namp@att.net](mailto:namp@att.net)

**TESTING SCHEDULE**

The licensure examination is administered at least one (1) time each year or more often if necessary.

**LBP STATE STANDARDS TEST**

Prior to licensure, you will be required to sit for and pass the LBP State Standards Test, which covers the Oklahoma LBP Act and Regulations. Contact the Board at (405) 522-3696 for information regarding the LBP State Standards Test.