State Board of Behavioral Health Licensure

Instructions for Submitting an Application by Endorsement

1. Request fingerprint cards by contacting DeNitra DuBose at 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 Document of Recommendation Forms
   - Out-of-State Verification 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 registrars 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 you submit them along with your Application Form and application fee.

4. Include documentation that you have passed the national exam for the license you are applying for:

   - LPC – National Counselor Examination (NCE)
   - LMFT – Licensing Examination in Martial and Family Therapy (PES)
   - LBP – Practitioner's Examination of Psychological Knowledge (PEPK)

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

   - Licensed Professional Counselor - $145 (Made payable to the LPC Revolving Fund)
   - Licensed Marital and Family Therapist - $200 (Made payable to the LMFT Revolving Fund)
   - Licensed Behavioral Practitioner - $275 (Made payable to the LBP Revolving Fund)

6. 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

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, transcript(s) are in a sealed envelope from the registrar and that all forms are signed.
- Failure to comply with the instructions will cause a delay in the processing of your application.

APPLICATION INVENTORY – ENDORSEMENT
(Less than 5 Years Licensure)

Applicant's name: _____ Date: _____

Please check the box 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: $ _____

❑ Internship/Practicum Documentation Form

❑ Sealed official university transcript(s)

❑ Three (3) Document of Recommendation Forms. PLEASE NOTE: Must be on Agency form(s)

❑ Affidavit of Lawful Presence

❑ Out-of-State Verification From

❑ Two, classifiable sets of fingerprints

Please list any additional enclosures in the space below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Licensed Behavioral Practitioners

Licensed Marital and Family Therapists

Licensed Professional Counselors

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APPLICATION FORM
License by Endorsement (Less than 5 Years of Licensure)

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 <u>and</u> 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).

_____

_____

_____

_____

_____

<u>PLEASE READ CAREFULLY</u>

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

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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 Untied 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.

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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)

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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 <u>and</u> 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)

In the space below, you may add information regarding the applicant's fitness for licensure not heretofore addressed. If you have reservations regarding this applicant's fitness for licensure, please do not hesitate to include those concerns.

Rater's Name: _____

(Please print)

Circumstances under which you know the applicant: _____

_____

Dates you have had professional contact with the applicant:

From: _____ To: _____

Rater's organization: _____

Title/Position: _____

Telephone Number: _____ Date: _____

Rater holds a license or certificate to practice as a: _____

Rater's Signature: _____

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(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)

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(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:				
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Consulting Skills:				
Research Skills:				

(over)

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(Please print)

Circumstances under which you know the applicant: _____

_____

Dates you have had professional contact with the applicant:

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Rater's organization: _____

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Telephone Number: _____ Date: _____

Rater holds a license or certificate to practice as a: _____

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OUT-of-STATE LICENSE VERIFICATION FORM

SECTION 1: APPLICANT INFORMATION (This section is to be completed by the applicant)

Name: _____

Social Security #: _____ Date of Birth: _____

Type of credential held in other state: _____ License Number: _____

Date Issued: _____Date of Expiration:_____

SECTION 2: CURRENT STANDING (To be completed by the State Board)

Name of credential held (Licensure/Certificate): _____

Licensure/Certificate #:_____

Date of Issue:_____ Date of Expiration:_____

Is the license in good standing? Yes_____ No_____

If "no", please state reason(s):

_____
_____
_____
_____

Does the Licensee/Certificated have a record of disciplinary action(s)? Yes_____No_____

If "yes", please state the nature of the disciplinary action(s):

_____
_____
_____
_____

SECTION 3: TEST

Did the applicant complete an examination in order to receive licensure? Yes_____No_____

If "yes" please complete the following:

Name of Exam: _____

Date of Exam: _____Pass_____ Fail _____

Applicants Score: _____Passing Score: _____

SECTION 4: SUPERVISION

Did the applicant accrue supervised experience to become licensed/certified? Yes_____No_____

If "yes" please complete the following:

Number of hours of supervised experience: _____

Number of months: _____

Number of face-to-face direct client contact hours: _____

Number of face-to-face hours with supervisor:_____

Supervisor qualifications: _____

I certify that the information provided on this form is true and correct to the best of my knowledge.

Print name:_____Title: _____

Signature:_____Date: _____

Name of State Board:_____

Address: _____

City/State/Zip: _____

Phone Number: _____

Please return this form - in a sealed envelope - to the applicant listed in SECTION 1.

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

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 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.

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

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 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.