

Instructions for Submitting an Application for Licensure by Endorsement

Please be aware the application review process **may take up to 8 weeks to complete**. The Board will not consider an application complete or officially submitted unless it includes the following:

- Complete Application Form
- Application Fee
- Official Transcript
- Out-of-State Verification Form
- Completed Criminal Background Check

1. Make arrangements with a local provider who offers fingerprinting services (local law enforcement agency, county sheriff, university police, etc.). It is recommended you use a facility that offers livescan fingerprinting as the results are more reliable and less likely to be rejected. To locate a site that offers livescan fingerprinting, use the following link: <https://www.certifixlivescan.com/category/fingerprinting-service-locations/oklahoma>.

Once you have been fingerprinted, complete the enclosed OSBI Criminal History Record Information Request Form and submit your form and completed fingerprint cards to OSBI for processing. For further instructions please use the following link: http://www.ok.gov/osbi/Criminal_History/. **Please note:** Fingerprint cards (and criminal history, if applicable) stamped by OSBI **more than 30 days beyond the date of application will not be considered**.

2. Complete your part of the Out-of-State Verification Form and distribute to the appropriate licensing Board for completion. Retrieve the Out-of-State Verification Form from the licensing Board for submission.
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.
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 the above materials and 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, official transcript(s) are in a sealed envelope from the registrar and that all forms are signed and each signature is dated.

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
<https://osbi.ok.gov/>

Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

- Fax Mail In Person

**REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) Results will only be returned to the original requestor

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections made with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____
MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.



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 (Application by Endorsement)

Please check the license you are applying for:

LPC

LBP

LMFT

(Please Print Legibly or Type)

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: _____

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:

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.

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.

6. Proposed Professional Practice:

Please describe how you plan to use your license including: _____

**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 applies.)

_____ 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: _____

PLEASE READ CAREFULLY

The information that I have provided in this application is truthful. I understand the giving the Board 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.

Signature: _____ Date: _____



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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.