

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 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

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:



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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



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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 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.



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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 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)



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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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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 Employing Agency (The location listed below must reflect the location in which you are accruing supervised experience hours. You must have an approved agreement for each location where you are accruing hours):

Address of Employing Agency: _____

City, State: _____ Zip: _____

Candidate's Phone #: _____ Candidate's Email Address: _____

Candidate's Signature: _____ Date: _____

Name of Supervisor: _____ License #: _____

I will be acting as (please check one): Primary Supervisor Secondary/Back-Up/Alternate Supervisor

Supervisor's Employing Agency: _____

Supervisor's Phone #: _____ Supervisor's Email Address: _____

Supervisor's Signature: _____ Date: _____

Are you requesting the use of technology-assisted supervision? Yes No

Please Note: A technology-assisted supervision site must ensure proper security and the appropriate administrative, physical and technical safeguards to ensure confidentiality of electronic protected health information. All technology-assisted supervision activities must comply with the Health Information Portability and Accountability Act (HIPAA) and HIPAA Security Standards.

Factor to be considered (Please choose one): _____

HIPAA compliant service to be used: _____

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

Approved: Yes No Date Approved/Disapproved: _____ PCL Staff Initials: _____



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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: _____



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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: _____



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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 Employing Agency (The location listed below must reflect the location in which you are accruing supervised experience hours. You must have an approved agreement for each location where you are accruing hours):

Address of Employing Agency: _____

City, State: _____ Zip: _____

Candidate's Phone #: _____ Candidate's Email Address: _____

Candidate's Signature: _____ Date: _____

Name of Supervisor: _____ License #: _____

I will be acting as (please check one): Primary Supervisor Secondary/Back-Up/Alternate Supervisor

Supervisor's Employing Agency: _____

Supervisor's Phone #: _____ Supervisor's Email Address: _____

Supervisor's Signature: _____ Date: _____

Are you requesting the use of technology-assisted supervision? Yes No

Please Note: A technology-assisted supervision site must ensure proper security and the appropriate administrative, physical and technical safeguards to ensure confidentiality of electronic protected health information. All technology-assisted supervision activities must comply with the Health Information Portability and Accountability Act (HIPAA) and HIPAA Security Standards.

Factor to be considered (Please choose one): _____

HIPAA compliant service to be used: _____

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

Approved: Yes No Date Approved/Disapproved: _____ PCL Staff Initials: _____

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.

SUBCHAPTER 9. SUPERVISED EXPERIENCE REQUIREMENTS

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

Supervisor and Supervisee shall be jointly responsible for:

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- (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:

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- (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

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 - (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.

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. 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 before submitting any registration materials or documentation.

TESTING QUESTIONS?

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

How to access and register online (Pre-Approval)

1. Go to NBCC's webpage at www.nbcc.org
2. Choose the "ProCounselor" login" tab. (top right of the page). The new landing page will be available after 6pm EST Tuesday, June 21st.
3. Select "Register to Take an NBCC Exam for State Licensure"
4. To advance, all line item headers in **Bold** must be completed
5. The approval letter is required. The candidate must upload the approval letter before they can proceed to the next page. If the State Board only provides an approval spreadsheet to CCE of the approved candidates, the candidate will upload the approval documentation that was sent by the Board.
6. Credit card payment is required at this point.
7. Individuals are required to provide an electronic signature.
8. Once all the mandatory information has been completed and credit card payment submitted, the State Licensure Facilitators will receive the candidate's registration.

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.

**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

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.