

**THE OKLAHOMA APPLICATION PROCEDURE for LICENSURE BY ENDORSEMENT
WITH 5 YEARS OF 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. 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)

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

State Board of Behavioral Health Licensure (BHHL)
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.



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

Licensure by Endorsement (5 Years of Licensure)

Please check the license you are applying for:

LPC 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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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.