



Creating
a State
of Health

PROTECTIVE
HEALTH
SERVICES

Oklahoma State Department of Health
Protective Health Services
Professional Counselor Licensing – 0504
P.O. Box 268823
Oklahoma City, OK 73126-8823
Telephone: (405) 271-6030
FAX: (405) 271-1918
<http://pcl.health.ok.gov>

CONTINUING EDUCATION ROSTER
for the
RENEWAL of LPC APPROVED SUPERVISOR STATUS

Name: _____ License No: _____

Signature: _____ Date: _____

Total Clock hours: _____

310:405-11-4 (6) Supervisor qualifications

Approved LPC Supervisors are required to complete a minimum of three (3) clock hours of continuing education in counseling supervision each renewal period.

Please provide the requested information for Continuing Education hours earned and submit this roster along with your annual renewal roster and renewal fee. Fraudulent submission of continuing education may result in disciplinary action against you.

Only use this form to document continuing education for the renewal of your approved supervisor status

1. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

2. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

3. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

4. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

5. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

6. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____

7. Workshop/Graduate Course: _____

Sponsor/University: _____ Date/Semester _____ Hours: _____