



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

CONTINUING EDUCATION ROSTER for LMFT LICENSURE RENEWAL

Name: _____ License No: _____

Signature: _____ Date: _____

Total Clock hours: _____

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

Please refer to Subchapter 13. Issuance and Maintenance of License of the LMFT Rules and Regulations for all rules regarding continuing education.

For this roster to be approved, each entry must be completed in full including your signature and the date of your signature. Please do not submit individual continuing education verification forms.

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: _____

8. Workshop/Graduate Course: _____

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

9. Workshop/Graduate Course: _____

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

10. Workshop/Graduate Course: _____

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

11. Workshop/Graduate Course: _____

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

12. Workshop/Graduate Course: _____

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

13. Workshop/Graduate Course: _____

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

14. Workshop/Graduate Course: _____

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

15. Workshop/Graduate Course: _____

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

16. Workshop/Graduate Course: _____

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

17. Workshop/Graduate Course: _____

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

18. Workshop/Graduate Course: _____

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

19. Workshop/Graduate Course: _____

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

20. Workshop/Graduate Course: _____

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

21. Workshop/Graduate Course: _____

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

22. Workshop/Graduate Course: _____

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

23. Workshop/Graduate Course: _____

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

24. Workshop/Graduate Course: _____

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

25. Workshop/Graduate Course: _____

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