



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health

Protective Health Services

Professional Counselor Licensing

1000 NE 10th Street

Oklahoma City, OK 73117-1299

Telephone: (405) 271-6030

FAX: (405) 271-1918

<http://pcl.health.ok.gov>

EVALUATION OF PROFESSIONAL SETTING

To be completed by applicant and on-site official

This document is used to evaluate the degree to which your job description conforms to the requirements of a position in professional counseling. The document must be co-signed by the applicant and an official at the job site who affirms the information entered below.

Name of applicant: _____

Job Title: _____

Name of on-site official: _____

Job Title: _____

Name of professional setting: _____

Address of Professional Setting: _____

City State: _____ Zip: _____

Describe the type of clients seen by the applicant:

Number of hours worked per week: _____

Enter the percentage of time the applicant spends in each of the following six areas.

Individual treatment: _____ % Group treatment: _____ %

(Including couples)

Assessment: _____ % Research: _____ %

Treatment planning: _____ % Staffing/consultation: _____ %

Total (must equal 100%): _____ %

Applicant's Signature: _____ Date: _____

On-site official's Signature: _____ Date: _____