



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

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: _____
