



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](http://www.ok.gov/behavioralhealth)

## STATE BOARD OF BEHAVIORAL HEALTH LICENSURE REQUEST FOR INQUIRY

(Type or print legibly)

**I, the undersigned, file a formal request for inquiry with the State Board of Behavioral Health Licensure against:**

Name of Licensee/Candidate/Applicant: \_\_\_\_\_

Name of person making inquiry: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is the individual making the inquiry a current or former client of the license/candidate/applicant?

Yes       Current       Former      Age at the time counseling services were rendered: \_\_\_\_\_

No

If no, what is relation to the individual to whom counseling services were rendered?

\_\_\_\_\_

Name and Age(s) of the individual(s) to whom counseling services were rendered?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If this complaint relates to and/or involves a court proceeding, please complete the following:

Style of case: \_\_\_\_\_ Case #/Forum: \_\_\_\_\_

**Provide the complaint details on the reverse side of this form.**

### For Office Use Only:

Check appropriate license(s) or application:

Professional Counselor       Marital and Family Therapist       Behavioral Practitioner       Unlicensed

License Number(s) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

