



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

## LMFT SUPERVISOR APPLICATION FORM

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. Address of current employment: \_\_\_\_\_

Phone #: \_\_\_\_\_

4. Oklahoma MFT license number: \_\_\_\_\_ Issue date: \_\_\_\_\_

5. Are you an LMFT in another state?  Yes  No If "yes", what state? \_\_\_\_\_

**PLEASE NOTE:** Unless you can answer "yes" to number 6 or numbers 7 and 8 or 7 and 9, do not submit this application until you have completed those tasks.

**6. Are you an approved supervisor with the American Association for Marriage and Family therapy who is thoroughly familiar with the Oklahoma LMFT Act and Rules?**

Yes  No (if "yes" enclose a copy of your AAMFT supervisor certificate.)

**7. Do you have two years of experience beyond the number of years which were required to qualify for your MFT licensure.**

Yes  No

**8. Have you successfully completed a university graduate course in therapist supervision?**

Yes  No (an official transcript listing the course must be on file with the PCL office)

**9. Have you successfully completed an approved equivalency therapist supervision course?**

Yes  No (a copy of the certificate of completion must be on file with the PCL office)

**10. Are you currently under investigation or have you had disciplinary action taken against you by any professional organization, registering/certifying/licensing body, or legal agency for civil criminal or professional misconduct?**  Yes  No (If yes, enclose detailed information on a separate sheet.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....(For board use only).....

Date application approved: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Reason for denial: \_\_\_\_\_ Denial Date: \_\_\_\_\_