



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
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www.ok.gov/behavioralhealth

LPC SUPERVISOR APPLICATION FORM

1. Name: _____

2. Address: _____

_____ Phone #: _____

3. Address of current employment: _____

_____ Phone #: _____

4. Oklahoma license number: _____ Issue date: _____

5. Are you an LPC in another state? Yes No If "yes", what state? _____

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

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

Yes No

7. Have you taken and passed the Oklahoma Legal and Ethical Responsibilities Exam?

Yes No

8. Have you successfully completed a university graduate course in counselor 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 counselor 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: _____