



Creating  
a State  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

Oklahoma State Department of Health  
Protective Health Services  
Professional Counselor Licensing - 0504  
P.O. Box 268823  
Oklahoma City, OK 73126-8823  
Telephone: (405) 271-6030  
FAX: (405) 271-1918  
<http://pcl.health.ok.gov>

## CONTINUING EDUCATION ROSTER for LGC LICENSURE RENEWAL

Name: \_\_\_\_\_ License No: \_\_\_\_\_

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

Total Clock hours: \_\_\_\_\_

Please provide the requested information for Continuing Education hours earned and submit this roster with your renewal fee. Fraudulent submission of continuing education will result in disciplinary action against you.

Please refer to Subchapter 15. Fees. and Subchapter 17. Continuing Education Requirements, of the LGC Rules and Regulations for all rules regarding continuing education.

For this roster to be approved, each entry must be completed in full including your signature and the date of your signature. You must also submit all individual verification of attendance documents.

1. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

2. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

3. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

4. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

5. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

6. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

7. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

8. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

9. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

10. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

11. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

12. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

13. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

14. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

15. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

16. Title of Presentation: \_\_\_\_\_

Presentation Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Location of Presentation: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_