



PROTECTIVE
HEALTH
SERVICES

Oklahoma State Department of Health

Protective Health Services
Professional Counselor Licensing
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6030
FAX: (405) 271-1918
<http://pcl.health.ok.gov>

LGC DOCUMENTATION OF SUPERVISION

Note to supervisor: Information given on this form is for this **twelve-month interval only**. When the evaluation form is completed, review it with your supervisee. The majority of complaints received in our office involve dual relationships and breaches of confidentiality. Please emphasize these ethical considerations to your supervisee.

Note to temporary licensee: If you are documenting experience at more than one setting or with more than one supervisor, submit evaluations for each setting separately and submit more than one supervision agreement if necessary.

Name of Temporary Licensee: _____

Name of Supervisor: _____

Name of place of supervision: _____

Address of Place of Supervision: _____

City, State: _____ Zip: _____

Dates of supervision this twelve-month period: From: _____ To: _____

Describe the types of patients seen by temporary licensee at the current setting:

Supervisor comments:

