



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)

## STATEMENT OF PROFESSIONAL DISCLOSURE

Please check the appropriate license:

LPC

LBP

I am required by law to furnish this document to you. It requires that I inform you about my professional training, orientation /techniques, experience, fees and credentials. I am licensed to practice my profession by the State Board of Behavioral Health Licensure.

*My license number is*    **LPC** \_\_\_\_\_    **LBP** \_\_\_\_\_

The licensing website is [www.ok.gov/behavioralhealth](http://www.ok.gov/behavioralhealth) where you can access the law and regulations which govern my license. I will furnish you with printed materials about the requirements of my licensure if you so desire. You may contact (without giving your name), the State Board of Behavioral Health Licensure at:

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Oklahoma City, OK 73118  
Telephone: (405) 522-3696  
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**Licensee's Printed Name:** \_\_\_\_\_

**Licensee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above-designated licensee has satisfactorily supplied me with information regarding his/her practice, licensure and professional development.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_