



Licensed Behavioral Practitioners
Licensed Marital and Family Therapists
Licensed Professional Counselors

State Board of Behavioral Health Licensure

Email: info.behavioralhealth@bbhl.ok.gov

Website: www.oklahoma.gov/behavioralhealth

INTERNSHIP/PRACTICUM DOCUMENTATION FORM

Please check the appropriate license:

LPC

LBP

LMFT

(To be completed by applicant)

Applicant's name: _____

Name and address of agency where practicum was taken:

Name: _____

Address: _____

City, State _____ Zip: _____

Inclusive dates of practicum: From: _____ To: _____

Total number of clock hours accrued in practicum: _____

Name of school arranging practicum: _____

Type of treatment done: _____

(To be completed by supervisor or school official)

I verify that the above information is true and correct:

Name of person verifying: _____

Address of person verifying: _____

Telephone number of person verifying: _____

Title/position of person verifying: _____

Do you recommend this person to pursue licensure? Yes No

Signature of person verifying: _____

(Please copy this form if more than one practicum was taken)