



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

OUT-of-STATE LICENSE VERIFICATION FORM

SECTION 1: APPLICANT INFORMATION (This section is to be completed by the applicant)

Name: _____

Social Security #: _____ Date of Birth: _____

Type of credential held in other state: _____ License Number: _____

Date Issued: _____ Date of Expiration: _____

SECTION 2: CURRENT STANDING (To be completed by the State Board)

Name of credential held (Licensure/Certificate): _____

Licensure/Certificate #: _____

Date of Issue: _____ Date of Expiration: _____

Is the license in good standing? Yes _____ No _____

If "no", please state reason(s):

Does the Licensee/Certificated have a record of disciplinary action(s)? Yes _____ No _____

If "yes", please state the nature of the disciplinary action(s):

SECTION 3: TEST

Did the applicant complete an examination in order to receive licensure? Yes _____ No _____

If "yes" please complete the following:

Name of Exam: _____

Date of Exam: _____ Pass _____ Fail _____

Applicants Score: _____ Passing Score: _____

SECTION 4: SUPERVISION

Did the applicant accrue supervised experience to become licensed/certified? Yes _____ No _____

If “yes” please complete the following:

Number of hours of supervised experience: _____

Number of months: _____

Number of face-to-face direct client contact hours: _____

Number of face-to-face hours with supervisor: _____

Supervisor qualifications: _____

I certify that the information provided on this form is true and correct to the best of my knowledge.

Print name: _____ Title: _____

Signature: _____ Date: _____

Name of State Board: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Please return this form - in a sealed envelope - to the applicant listed in SECTION 1.