



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

Email: [info.behavioralhealth@bbhl.ok.gov](mailto:info.behavioralhealth@bbhl.ok.gov)

Website: [www.oklahoma.gov/behavioralhealth](http://www.oklahoma.gov/behavioralhealth)

**SUPERVISION AGREEMENT**

Please check appropriate license:       LPC       LMFT       LBP

I the undersigned have read and agree to comply with the requirements set forth in Subchapter 11 of the LPC Regulations, Subchapter 9 of the LMFT Regulations, or Subchapter 13 of the LBP Regulations. I understand that a violation of these requirements may result in a loss of supervision hours and/or disciplinary action against both the candidate and the supervisor.

Name of Candidate: \_\_\_\_\_

Candidate's Employing Agency (The location listed below must reflect the location in which you are accruing supervised experience hours. You must have an approved agreement for each location where you are accruing hours):

\_\_\_\_\_

Address of Employing Agency: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Candidate's Phone #: \_\_\_\_\_ Candidate's Email Address: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

I will be acting as (please check one):     Primary Supervisor                       Secondary/Back-Up/Alternate Supervisor

Supervisor's Employing Agency: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_ Supervisor's Email Address: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of On-Site Supervisor: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

On-Site Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you requesting the use of technology-assisted supervision?     Yes                       No

Factor to be considered (Please choose one): \_\_\_\_\_

HIPAA compliant service to be used: \_\_\_\_\_

..... (For office use only).....

Approved:    Yes    No    Date Approved/Disapproved: \_\_\_\_\_ PCL Staff Initials: \_\_\_\_\_