



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

VERIFICATION OF ACADEMIC STANDING FORM

Please check the appropriate license:

LPC

LBP

LMFT

(To be completed by applicant)

Applicant's name: _____

Email address of applicant: _____

Name of University: _____

Name of graduate program: _____

Name of degree: _____

Total number of graduate coursework hours required to receive diploma: _____

Date of graduation: _____

I verify that the above information is true and correct. I understand that this form only verifies my current academic standing for the purpose of determining examination eligibility for the national licensure examination. I understand this form is not equivalent to an official transcript. I understand an official transcript must be submitted and approved by the licensing Board before my application is considered complete.

Signature of applicant: _____

Date of signature: _____

(To be completed by administrator or school official)

I hereby certify that the information provided above is true and correct. I hereby certify that all program/graduation requirements have been successfully achieved and the applicant listed on this form will receive the graduate degree listed above on the date listed above:

Name of administrator and/or school official: _____

Title/position of administrator and/or school official: _____

Telephone number of administrator and/or school official: _____

Email address of administrator and/or school official: _____

Signature of administrator and/or school official: _____

Date of signature: _____

(Please include an unofficial transcript when submitting the verification of academic standing to the Board.)

Note: This form must be submitted to the Board by the applicant. Return the completed form to the applicant.