

To start a New Supervision Agreement:

Sign into Applicant Portal

Use the following link to access the applicant portal: [Applicant Portal](#)

Welcome

Thank you for your interest in applying with the State Board of Behavioral Health Licensure (BBHL)! Please follow the step-by-step instructions to complete your application. You will be able to save your progress and return to it later.

For assistance, please contact us at (405) 522-3696.

Your application information is listed below.

Application No.	Application Type	License Type	Application Status	Submitted Date	Decision Date	
00246	Supervision Agreement	Licensed Marital and Family Therapist (LMFT)	Approved	June 23, 2022	June 23, 2022	→ Review
00245	Application for Licensure	Licensed Marital and Family Therapist (LMFT)	Approved	June 23, 2022	June 23, 2022	→ Review

[Start New Application](#)

Click start new application:

Will need to select Supervision Agreement

Application Type

Note: Please select the type of application you are applying for.

Warning: Once an application type has been made, changing to another application type will result in previous information being reset.

Application for Licensure

[Select this Application >](#)

Application for Licensure by Endorsement

[Select this Application >](#)

Supervision Agreement

[Select this Application >](#)

If they have already started one and had to leave and come back this is what their screen will look like:

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Your application information is listed below.

Application No.	Application Type	License Type	Application Status	Submitted Date	Decision Date	
00247	Supervision Agreement	N/A	New	N/A	N/A	→ Continue
00246	Supervision Agreement	Licensed Marital and Family Therapist (LMFT)	Approved	June 23, 2022	June 23, 2022	→ Review
00245	Application for Licensure	Licensed Marital and Family Therapist (LMFT)	Approved	June 23, 2022	June 23, 2022	→ Review

If they selected the wrong application type then we have to change it on our end so they can continue.

Email: Info.BehavioralHealth@bbhl.ok.gov

Select the license type being pursued

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- 4 Personal information
- 5 Employment Information
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Supervision

Note: All information with a red asterisk (*) is required.

Supervision For*

< Previous Save & Continue >

Carefully read instructions then click save; you can also come back to step whenever needed

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Application Instructions

Important: Please read the following application instructions closely.

Instructions for **Supervision Agreement - Licensed Professional Counselor (LPC)**
The location listed in the Supervision section of this agreement must reflect the location in which you are accruing supervised experience hours.

Documents to be Submitted

The following documents will be required to be uploaded to complete and submit in this application. You must upload a high quality image or PDF.

Supervision Agreement - You can download the form [here](#). You must have an approved agreement for each location where you are accruing hours. Please complete the physical form then ask your Board Approved Supervisor and On-Site Supervisor to sign the document. Scan the document and upload it in the Supervision section of the application.

Employee's Withholding Certificate (Form W-4) - Please prepare your Employee's Withholding Tax Certificate (Form W-4) and upload it in the Employment Information section of the application.

< Previous Save & Continue >

If information is accurate, click save

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Personal information

Note: All information with a red asterisk (*) is required.

Personal information

Legal Last Name*

Legal First Name*

Legal Middle name

Names Previously Used

Birth date*

Sex*

Social Security Number*

Click on Add New Records

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Employment Information

Please fill in your employment history for the past 5 years below related to behavioral health licensure

Employing Agency	Profession	Related to Candidacy	Start Date	End Date	
BBHL	Licensed Professional Counselor (LPC)	Yes	09/09/2022	N/A	Edit Delete

[+ Add New Records](#)

[< Previous](#) [Save & Continue >](#)

Add employment information; DO NOT enter an end date

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Add New Employment

Note: All information with a * is required information. Please enter the agencies you are currently affiliated with in the U.S.

Agency Information

Employing Agency *

Street Address 1 *

Street Address 2

City *

State *

ZIP Code *

Agency Website

After selecting yes for "Will this be related to your candidacy?", it will allow you to enter your onsite supervisors information and upload your Federal W4; Click save once done

Click on Add New Board Approved Supervisor

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Board Approved Supervisors

Please list the supervisors who will be in charge of your supervision. You will also be required to upload the letter of supervision for each supervisor.

Supervisor	License No.	Supervision
No Board Approved Supervisor have been added. Click + Add New Board Approved Supervisor to add Board Approved Supervisor.		

+ Add New Board Approved Supervisor

< Previous

Save & Continue >

Search for supervisor; upload agreement; click save

Online application

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Add New Board Approved Supervisor

Note: All information with a red asterisk (*) is required.

Board Approved Supervisor

Board Approved Supervisor's License Number & Name *

Is your Board Approved Supervisor also acting as your On-Site Supervisor? * Yes No

Supervision Agreement

Please download a copy of the Supervision Agreement and have your supervisor sign it.

Download Supervision Agreement

Upload Signed Supervision Agreement *

< Cancel

Save & Continue >