



Licensed Behavioral Practitioners  
Licensed Marital and Family Therapists  
Licensed Professional Counselors

State Board of Behavioral Health Licensure  
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Oklahoma City, OK 73118  
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[www.ok.gov/behavioralhealth](http://www.ok.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)