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

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 #: _____

Supervisor's Employing Agency: _____

Supervisor's Phone #: _____ Supervisor's Email Address: _____

Supervisor's Signature: _____ Date: _____