



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)

## VERIFICATION OF ACADEMIC STANDING FORM

Please check the appropriate license:       LPC       LBP       LMFT

(To be completed by applicant)

Applicant's name: \_\_\_\_\_

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.)