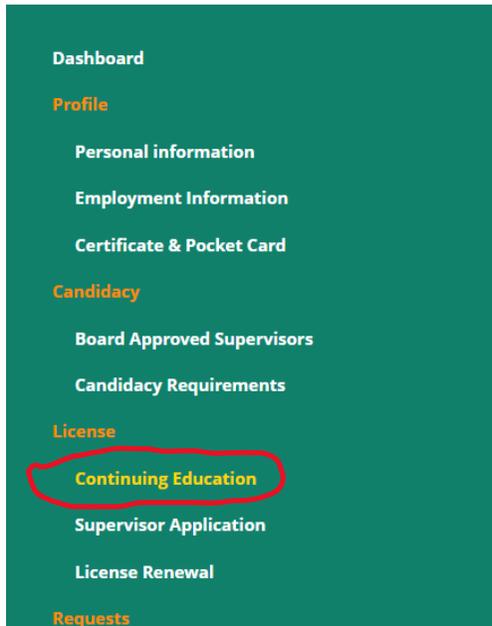


License Renewal



Click on view next to the current renewal period

Continuing Education

For further information regarding continuing education requirements, please visit our website at the following link:
https://www.ok.gov/behavioralhealth/Continuing_Education/index.html

CE Period	License	Status	
September 1, 2021 - September 30, 2022	Licensed Professional Counselor (LPC)	Open	Q View

CLICK ON ADD NEW OR ADD NEW RECORDS

Continuing Education Summary

If you are uncertain about anything related to CE, please reach out to Eric Ashmore at Info.BehavioralHealth@bbhl.ok.gov

Status: Open

License	CE Period	Minimum Hours Required	Total Submitted this CE Period	Total Remaining this CE Period
Licensed Professional Counselor (LPC)	September 1, 2021 - September 30, 2022	40	0	40

Program Activities

Date	Activity Title	Contact	No. of Hours	Ethics Hours	Supervision Hours
No activity records have been added. Click + Add New to add a new activity.					

+ Add New Records

In activity title select the drop-down arrow on the right side and select the only option 'OTHER'.

New Continuing Education

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

Activity Title *

Start typing to search...

Please enter at least 3 characters to search for the accredited activities. If not in the list, type "Other"

What shows after selecting other for activity title

New Continuing Education

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

Activity Title * Please enter at least 3 characters to search for the accredited activities. If not in the list, type "Other"

Other (Activity Title) *

Contact *

Contact Details *

Start Date

Date of Completion *

Number of Hours *

Ethics *

Supervision *

Briefly describe the CE activity, including time spent

Upload the completion certificate for this CE activity *

Other (Activity Title): Title of CEU

Contact: Name of Presenter

Contact Details: Presenter's address, phone number and/or email

Date of Completion: Select or enter date course was completed

Number of Hours: Total number of hours attained

Ethics: Number of hours completed for Ethics; if none put 0

Supervision: Numbers of hours for Supervisor CEU, if none put 0

UPLOAD CERTIFICATE OF COMPLETION; Click Save; Repeat for each CEU

After uploading all ceus, click on License Renewal

Dashboard

Profile

Personal information

Employment Information

Certificate & Pocket Card

Candidacy

Board Approved Supervisors

Candidacy Requirements

License

Continuing Education

Supervisor Application

License Renewal

Requests

Name Change Request

Status Change Request

Invoices & Receipts

Account Settings

License Renewal

This section is for applications involving license renewals. 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 Info.BehavioralHealth@bbhl.ok.gov or call (405) 522-3696

Your license information is listed below.

License Type	License Number	Status	Expiry Date	
Licensed Professional Counselor (LPC)	10038	Active	09/30/2022	<input type="button" value="Continue"/>

Click on Start Renewal or Continue there are 5 steps to complete of the renewal.

Step 1-Please verify personal information page then click save

Personal information

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

Mailing Address

Street Address *	<input type="text" value="3815 N. Santa Fe"/>
Street Address 2	<input type="text" value="Ste 110"/>
City *	<input type="text" value="Oklahoma City"/>
State *	<input type="text" value="Oklahoma"/>
Zip Code *	<input type="text" value="73159"/>

Contact Information

Telephone *	<input type="text" value="(405) 521-3697"/>
Mobile Number	<input type="text"/>
Primary E-mail *	<input type="text" value="...@bbhl.ok.gov"/>

- Your e-mail address will be used for communications with the Board, which may include personal and confidential information. Your email address must be private and accessible only by you.

Note: The email address entered here are for communication purposes only. You can change the email used for login purposes in Account Settings.

Step 2-Continuing Education Summary

License Renewal

2 Continuing Education Summary

Step 2 of 5

Below is your Continuing Education Summary for the most recent CE period.
To add or change a continuing education activity, please visit the [Continuing Education](#) page.

Status: Open

License	CE Period	Minimum Hours Required	Total Submitted this CE Period	Total Remaining this CE Period
Licensed Professional Counselor (LPC)	September 1, 2021 - September 30, 2022	40	40	0

Program Activities

Date	Activity Title	Contact	No. of Hours	Ethics Hours	Supervision Hours
08/25/2022	Other	123	40	0	0

< Previous

Save & Continue >

License Renewal

3 Declarations

Step 3 of 5

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

1. Since your last application, have you ever had your professional membership, registration, certificate or license suspended, revoked, restricted, or denied or has any other disciplinary action been taken against you by any professional organization, federal or state regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body, to the best of your knowledge? *
2. Since your last application, have you ever had professional privileges in a hospital, HMO, etc., suspended or restricted or has any other disciplinary action been taken against you on grounds of unprofessional conduct, incompetence, negligence or unsafe practice? *
3. Since your last application, has any claim been made against you in a criminal or a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including but not limited to the following examples: sexual intimacy with a client, a dual relationship with a client, violation of confidentiality, or any other offense which might relate to your professional practice? *
4. Since your last application, have you ever voluntarily given up privileges, registration, certificate or license to practice your profession or agreed to restrict your practice? *
5. Since your last application, have you ever been convicted of a felony or a misdemeanor?
If yes, please provide your date of conviction, where you were convicted, the charges and other relevant information. If the conviction was set aside, give the date and provide detailed information. *
6. Since your last renewal, have you been providing services full time (20+ hours per week)? *

< Previous

Save & Continue >

License Renewal

4 Certifying Statement

Step 4 of 5

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

The information provided in this license renewal is true, accurate and complete to the best of my knowledge.*

< Previous

Save & Continue >

License Renewal

5 Payment

Step 5 of 5

Fee Breakdown

Invoice Item	Amount
LPC September Renewal Fee	\$58.50
Total	\$58.50

Method of Payment

Please select method of payment

Method of Payment

Credit Card

Process Payment >

< Previous

To print license after renewal/payment:

Dashboard

Profile

Personal information

Employment Information

Certificate & Pocket Card

Candidacy

Board Approved Supervisors

Candidacy Requirements

License

Continuing Education

Supervisor Application

License Renewal

Requests

Name Change Request

Status Change Request

Invoices & Receipts

Account Settings

Certificate & Pocket Card

You can download your registration certificate & pocket card below.

category
Licensed Professional Counselor (LPC) Download Pocket Card Download Certificate