



Creating  
a State  
of Health

**PROTECTIVE  
HEALTH  
SERVICES**

**Oklahoma State Department of Health**

**Protective Health Services  
Professional Counselor Licensing  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6030  
FAX: (405) 271-1918  
<http://pcl.health.ok.gov>**

**STATEMENT OF PROFESSIONAL DISCLOSURE**

**Please check the appropriate license:**

**LPC**

**LBP**

I am required by law to furnish this document to you. It requires that I inform you about my professional training, orientation /techniques, experience, fees and credentials. I am licensed to practice my profession by the Oklahoma State Department of Health.

*My license number is*      **LPC** 3717                      **LBP** \_\_\_\_\_

The licensing website is <http://pcl.health.ok.gov> where you can access the law and regulations which govern my license. I will furnish you with printed materials about the requirements of my licensure if you so desire. You may contact (without giving your name), the Professional Counselor Licensing Division at:

Oklahoma State Department of Health  
Protective Health Services  
Professional Counselor Licensing – 0504  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6030  
Fax: (405) 271-1918

**Licensee's Printed Name:** Annie Heartfield Hartzog, MS, LPC

**Licensee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above-designated licensee has satisfactorily supplied me with information regarding his/her practice, licensure and professional development.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_