

ROSEMARY S. PRIEST, M.S.
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STATEMENT OF PROFESSIONAL DISCLOSURE

I am required by law to furnish you with information about my professional credentials. I obtained my Master's Degree from Northeastern Oklahoma State University in Counseling Psychology and my Bachelor's Degree from the University of Tulsa in Psychology.

I am licensed by the Oklahoma State Department of Health to practice as a Licensed Professional Counselor (LPC #167) and as a Licensed Marriage and Family Therapist (LMFT #488). I am also licensed in Florida as a Licensed Mental Health Counselor (LMHC #3511).

I will be happy to discuss this information with you and/or furnish you with printed material. You may contact (without giving your name) the LPC/LMFT, or LMHC office listed below for additional information.

State Board of Behavioral Health Licensure	<u>OR</u>	Florida Department of Health
3815 North Santa Fe, Suite 110		Div. of Medical Quality Assurance
Oklahoma City, Ok 73118		4052 Bald Cypress Way
(405) 522-3696		Tallahassee, Fl 32399-3260
www.ok.gov/behavioralhealth		www.FLHealthSource.gov

Counselor's Signature

The above named counselor has satisfactorily supplied me with information regarding his/her professional credentials.

Date

Client's Signature

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