

Statement of Professional Disclosure

This is to inform you about my professional training, orientation/techniques, experience, fees and credentials. I am licensed and/or certified by the following entities to practice in the State of Oklahoma.

Licensed Professional Counselor (LPC) #__6329__

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:

State Board of Behavioral Health Licensure (BBHL)

3815 N. Santa Fe, Suite 110

Oklahoma City, OK 73118 Phone: (405) 522-3696

Provider Signature

Date

The above-designated counselor has satisfactorily supplied me with information regarding his/her practice, licensure/ certification and professional development and I have been offered a copy of this information.

Client Signature

Date

Parent or Guardian Signature

Date