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 10th 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:** _____