



Licensed Behavioral Practitioners
 Licensed Marital and Family Therapists
 Licensed Professional Counselors

State Board of Behavioral Health Licensure

3815 N. Santa Fe, Ste. 110
 Oklahoma City, OK 73118
 Telephone: (405) 522-3696
 Fax: (405) 522-3691
 www.ok.gov/behavioralhealth

SUPERVISION AGREEMENT

Please check appropriate license: LPC LMFT LBP

I the undersigned have read and agree to comply with the requirements set forth in Subchapter 11 of the LPC Regulations, Subchapter 9 of the LMFT Regulations, or Subchapter 13 of the LBP Regulations. I understand that a violation of these requirements may result in a loss of supervision hours and/or disciplinary action against both the candidate and the supervisor.

Name of Candidate: _____

Candidate's Employing Agency (The location listed below must reflect the location in which you are accruing supervised experience hours. You must have an approved agreement for each location where you are accruing hours):

Address of Employing Agency: _____

City, State: _____ Zip: _____

Candidate's Phone #: _____ Candidate's Email Address: _____

Candidate's Signature: _____ Date: _____

Name of Supervisor: _____ License #: _____

I will be acting as (please check one): Primary Supervisor Secondary/Back-Up/Alternate Supervisor

Supervisor's Employing Agency: _____

Supervisor's Phone #: _____ Supervisor's Email Address: _____

Supervisor's Signature: _____ Date: _____

Printed Name of On-Site Supervisor: _____

License Type: _____ License #: _____ Expiration Date: _____

On-Site Supervisor's Signature: _____ Date: _____

Are you requesting the use of technology-assisted supervision? Yes No

Factor to be considered (Please choose one): _____

HIPAA compliant service to be used: _____

..... (For office use only).....

Approved: Yes No Date Approved/Disapproved: _____ PCL Staff Initials: _____