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** 1004 **LBP** _____

The licensing website is **http://www.health.ok.gov/program/lpc/** 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
e-mail: nenaw@health.ok.gov

Licensee's Printed Name: Gracie Moyers, M.Ed.

Licensee's Signature: Gracie Moyers **Date:** _____

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

Client's Signature: _____ **Date:** _____