Oklahoma Board of Licensed Alcohol and Drug Counselors

STATEMENT OF PROFESSIONAL DISCLOSURE

Please check the appropriate license/ certification ❑**LADC-MH** ❑**CADC**

This is to inform you about my professional training, orientation /techniques, experience, fees and credentials. I am licensed/ certified to practice my profession by the Oklahoma Board of Licensed Alcohol and Drug Counselors.

My License/Certification number is LADC-MH_____ CADC_____

The licensing website is **www.okdrugcounselors.org** which governs my license/certification. 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 Oklahoma Board of Licensed Alcohol and Drug Counselors at:

Oklahoma Board of Licensed Drug and Alcohol Counselors
101 NE 51st Street
Oklahoma City, OK 73105
Physical address
P.O. Box 54388
Oklahoma City, OK 73154
Mailing address
Telephone: (405) 521-0779
Website: www.okdrugcounselors.org
Email: John.Bureman@okdrugcounselors.org

Counselor's Printed Name:_____

Counselor's Signature:_____

Date:_____

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

Client's Signature: _____

Date:_____