Oklahoma Board of Licensed Alcohol and Drug Counselors

STATEMENT OF PROFESSIONAL DISCLOSURE

Counselor Under Supervision

Please check the appropriate credential ❑**LADC-MH** ❑**CADC**

This is to inform you of my professional training, orientation/techniques, fees and credentials. I am working toward licensure/ certification as a Alcohol and Drug Counselor (check appropriate license above) under the auspices of the Oklahoma Board of Licensed Alcohol and Drug Counselors. I am in the process of accruing 2000 hours of supervised experience for LADC or LADC-MH or 4000 hours for CADC, which are required for licensure/ certification. Until that time, the supervising candidate listed below shall supervise me. My supervisor will be the contact person for you to obtain your records in the event of my infirmity or death.

I will be happy to discuss this information with you and/or furnish you with printed material concerning the licensing process. 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: Jessica.Richardson@okdrugcounselors.org

	SUPERVISOR	**CANDIDATE**
Name	_____	_____
Address	_____	_____
Phone	_____	_____

Signature of Counselor Candidate: _____

Date: _____

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

Client's Signature: _____

Date: _____