



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\_\_\_\_\_2463\_\_\_\_\_  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 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6030  
Fax: (405) 271-1918  
e-mail: [nenaw@health.ok.gov](mailto:nenaw@health.ok.gov)

Licensee's Printed Name: Donita Waggoner

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: \_\_\_\_\_

