

Oklahoma Board of Licensed Alcohol and Drug Counselors

STATEMENT OF PROFESSIONAL DISCLOSURE

Please check the appropriate license/ certification LADC 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 _____ CADC _____

The licensing website is www.okdrugcounselors.org which govern 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

Fax: (405) 521-0291

Website: www.okdrugcounselors.org

Email: cwaite@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: _____