

# Oklahoma Board of Licensed Alcohol and Drug Counselors

## **STATEMENT OF PROFESSIONAL DISCLOSURE**

*Counselor Under Supervision*

Please check the appropriate credential

LADC

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 4000 hours for CADC, which are required for licensure/ certification. Until that time, the supervising licensee 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 51<sup>st</sup> 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](http://www.okdrugcounselors.org)

Email: [cwaite@okdrugcounselors.org](mailto:cwaite@okdrugcounselors.org)

**SUPERVISOR**

**CANDIDATE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Signature of Counselor Candidate:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Client's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_