

**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health  
Protective Health Services  
Professional Counselor Licensing - 0504  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6030  
FAX: (405) 271-1918

**STATEMENT OF PROFESSIONAL DISCLOSURE**

For Licensed Professional Counselors and Licensed Behavioral Practitioners

I am required by law to furnish you with this document. 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 or LBP (Circle the appropriate license) 2853. The licensing website is [www.health.state.ok.us/program/lpc/](http://www.health.state.ok.us/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 listed below for additional information.

Oklahoma State Department of Health  
Protective Health Services  
Professional Counselor Licensing Division - 0504  
1000 N.E. 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6030  
Fax: (405) 271-1918  
e-mail: [mikeb@health.state.ok.us](mailto:mikeb@health.state.ok.us)

*Dianne Jurena*

Licensee's Printed Name

*Dianne Jurena*

Licensee's Signature

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

Date of Signature: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Client's Signature