Oklahoma Education Equivalency Review

Application for Licensed Behavioral Practitioner (LBP)

This application form is interactive.
Download the form to your computer to fill it out.

CENTER FOR CREDENTIALING & EDUCATION

3 TERRACE WAY
GREENSBORO, NORTH CAROLINA 27403-3660 USA
TEL: 336-482-2856 * FAX: 336-482-2852
www.cce-global.org * cce@cce-global.org

The Center for Credentialing & Education, Inc. (CCE), on behalf of the state of Oklahoma, performs the education equivalency review for Licensed Behavioral Practitioner's (LBP).

Any correspondence outside of the education equivalency review should be directed to the state of Oklahoma (405) 522-3696.

CCE's review is based on Oklahoma Administrative Code for LBP 86:20-11 Academic Requirements. The Oklahoma Administrative Code for Licensed Behavioral Practitioner is available on-line at: https://oklahoma.gov/behavioralhealth/acts-and-regulations.html

Applications will be held open for three years from the date of initial review. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

How To Contact:

Telephone Hours:	8:30 a.m. to 5 p.m. Eastern time; 7:30 a.m. to 4 p.m.. Central time (Monday–Friday)
E-mail:	cce@cce-global.org
Fax:	336-482-2852

Send written correspondence to: CCE • 3 Terrace Way • Greensboro, NC 27403-3660

Reviews are conducted in order of receipt and completed within six weeks. Failure to include all required items listed on page 4 will result in the need for additional reviews. Each subsequent review could take up to six weeks from the date of document receipt.

In order to protect candidates from miscommunication or misinformation, CCE asks applicants to submit in writing any questions regarding their education review. Questions can be sent via e-mail, postal mail or fax. CCE responds to all questions in the order they are received.

Applicant Appeal of CCE Review Results

As an applicant for licensure education review, you have the right to appeal the findings on the education review completed by CCE. Please be aware that all applications for education equivalency review in Oklahoma are reviewed by CCE, which is the contracted agent for the Oklahoma State Board of Behavioral Health Licensure, and the credential review is based on the Oklahoma Administrative Code for LBP 86:20-11 Academic Requirements. These requirements must be met in full.

After the Oklahoma Board reviews the documents and has made the final decision regarding the appeal. It is the applicant's responsibility to send a copy of the letter received from the Board to CCE. Note: CCE cannot proceed with the application until the letter is received.

CENTER FOR CREDENTIALING & EDUCATION

Oklahoma Education Equivalency

1. Type or clearly print all information. Complete all sections.
2. Sealed, official graduate transcripts are required.
3. Include course descriptions copied from the academic catalog for the year in which the courses were completed.
4. Complete application and mail to CCE at CCE, C/O Deluxe – First Citizens Bank Lockbox 96865 6125
5. Lakeview Rd., Suite 800, Attn: Oklahoma Educational Equivalency Review, Charlotte, NC 28269 • Fax: 336-482-2852

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Name of Educational Institution		
Address of Educational Institution		
City	State	Zip Code
Date of Admission	Date Degree Granted	
Level of Degree Granted	Discipline/Program Title	

LBP ACADEMIC WORKSHEET

Applicant's name: _____ Date: _____

University: _____ Degree: _____

CORE COURSES: Each applicant shall possess at least a master's degree from a program in psychology. In order to qualify the program must be intended to prepare a scientist-practitioner in the field of psychology at the masters level and meet all the following criteria:

(1) The masters program must be clearly identified as a psychology program. Such a program must specify in a pertinent institutional catalogue, its intent to educate and train students in the field of psychology at the masters level;
(2) The pertinent institutional catalogue must state the structure and content of the curriculum of the program; and
(3) The program must have faculty who hold graduate degrees in psychology or closely related fields.

All applicants shall have the following core knowledge areas as part of the required 60 graduate semester hours:

A. Assessment and Diagnosis – at least 6 semester hours. Courses concerning the measurement and assessment of an individual's behavioral or psychological functioning, such as the assessment of psychopathology, personality characteristics, intellectual functioning, skills and interests, and neuropsychological functioning.

1._____ 2._____

B. Intervention – at least 9 semester hours. Courses regarding empirically validated treatment modalities for the remediation, treatment, or prevention of behavior disorders, adjustment problems, and psychopathology, or other disturbances in psychological functioning.

1._____ 2._____

3._____

C. Experimental Foundations – at least 6 semester hours. Courses concerning the design, conduct, analysis, and interpretation of psychological research, or concerning the general principles and processes for the core areas of experimental psychology

1._____ 2._____

D. Psychopathology – at least 6 semester hours. Courses concerning the descriptive characteristics, diagnosis, and etiology of psychopathology, or mental and behavioral disorders of children and adults.

1._____ 2._____

E. Personality and Social Psychology – at least 6 semester hours. Courses concerning the psychological or behavioral development and functioning of the individual and group differences. *Three (3) of these hours shall be in a course in multicultural issues or cultural bases of behavior.

1._____ 2._____

F. Professional orientation/ethics – at least 3 semester hours. Course concerning the objectives of professional behavioral health services organizations, codes of ethics, legal aspects of practice, standards of preparation and the role of persons providing direct behavioral health services.

1._____

G. Biological bases of behavior – at least 3 semester hours. Courses concerning the biological, physiological, genetic underpinnings of behavior.

1._____

H. Practicum/internship – at least 300 clock hours. Organized practicums/internships with at least three hundred (300) clock hours in behavioral health services with planned experiences providing classroom and field experience with clients under the supervision of college or university approved behavioral health services professionals

1._____

ADDITIONAL COURSES

Using the key below**,** please use the corresponding letter beside each academic category to document the remaining graduate courses on your transcript in order to reach the **60 semester hour requirement** (ex. B. Intervention = Academic Category: B).

Academic category key:

A. Assessment
B. Intervention
C. Experimental foundations
D. Psychopathology
E. Personality and Social Psychology
F. Professional orientation/ethics
G. Biological bases of behavior
H. Practicum/Internship

1. Name of Course: _____ Number of Hours:_____ Academic Category: _____

2. Name of Course: _____ Number of Hours:_____ Academic Category: _____

3. Name of Course: _____ Number of Hours:_____ Academic Category: _____

4. Name of Course: _____ Number of Hours:_____ Academic Category: _____

5. Name of Course: _____ Number of Hours:_____ Academic Category: _____

6. Name of Course: _____ Number of Hours:_____ Academic Category: _____

7. Name of Course: _____ Number of Hours:_____ Academic Category: _____

8. Name of Course: _____ Number of Hours:_____ Academic Category: _____

9. Name of Course: _____ Number of Hours:_____ Academic Category: _____

10. Name of Course: _____ Number of Hours:_____ Academic Category: _____

11. Name of Course: _____ Number of Hours:_____ Academic Category: _____

12. Name of Course: _____ Number of Hours:_____ Academic Category: _____

13. Name of Course: _____ Number of Hours:_____ Academic Category: _____

14. Name of Course: _____ Number of Hours:_____ Academic Category: _____

15. Name of Course: _____ Number of Hours:_____ Academic Category: _____

16. Name of Course: _____ Number of Hours:_____ Academic Category: _____

17. Name of Course: _____ Number of Hours: _____ Academic Category: _____

18. Name of Course: _____ Number of Hours:_____ Academic Category: _____

19. Name of Course: _____ Number of Hours:_____ Academic Category: _____

20. Name of Course: _____ Number of Hours:_____ Academic Category: _____

PLEASE NOTE: All graduate course work applied toward licensure shall be from a regionally accredited college or university recognized by one of the following six regional accrediting associations: The New England Commission on Higher Education (NECHE), The Middle States Association of Colleges and Schools (MSCHE), The Higher Learning Commission (HLC), The Northwest Commission on Colleges and Universities (NWCCU); The WASC Senior College and University Commission (WSCUC), The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), or their predecessors or successors.

Oklaoma Education Equivalency
Payment Voucher

PLEASE NOTE

- All fees must be paid in U.S. dollars.
- All fees are nonrefundable and nontransferable.
- Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

METHOD OF PAYMENT

Applicant's Name: _____

Telephone: **DAY:** _____ **EVENING:** _____

☐ Enclosed is a check or money order payable to CCE in the amount of $150.

☐ Please charge the credit card listed below in the amount of $150.

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card: _____

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Security Code (from back of card): ☐☐☐☐

Expiration Date: ☐☐ / ☐☐

Cardholder Signature: _____ Date (mm/dd/yyyy): _____

SUBMIT YOUR APPLICATION AND PAYMENT

- Mail: CCE C/O Deluxe – First Citizens Bank Lockbox 96865 6125 Lakeview Rd., Suite 800 Charlotte, NC 28269
- Fax: 336-482-2852