

# OREGON BOARD OF PSYCHOLOGY

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## List Order Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Desired Format for List:     Spreadsheet List (.xls)     Labels (.pdf)

*The list will be sent as an attachment to the email address you have provided above. Labels will print on Avery 5160 mailing labels. If you would prefer an alternative delivery or format, please specify:*

\_\_\_\_\_  
\_\_\_\_\_

Types of Licenses Included (check one or more):

- Psychologists                       Residents                       Applicants  
 Psychologist Associates     Limited Permittees

License Statuses Included (check one or both):

- Practicing<sup>1</sup>             Non-Practicing<sup>2</sup>

<sup>1</sup> *Practicing statuses include active, semi-active, and probation.*

<sup>2</sup> *Non-Practicing statuses include inactive, retired, deceased, lapsed, suspended, revoked, and surrendered under investigation.*

The standard list includes name, title, license type, status, address, email and phone number.

Please check additional items you would like included with your request (if any):

- |  |   |
|--|---|
| <input type="checkbox"/> License Number          | <input type="checkbox"/> Date Degree Conferred  |
| <input type="checkbox"/> Date of Licensure       | <input type="checkbox"/> Discipline (Yes or No) |
| <input type="checkbox"/> License Expiration Date | <input type="checkbox"/> Supervisor             |
| <input type="checkbox"/> School Attended         | <input type="checkbox"/> Gender                 |

Please submit this form and a check for **\$35.00** to:

OBOP  
3218 Pringle Road SE, Suite 130  
Salem, OR 97302-6309