

**INTERN PLAN CHANGE REQUEST**

Intern Name \_\_\_\_\_ LPC [ ] [ ] LMFT

Effective Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_ Intern No(s): R\_\_\_\_\_

**I. CHANGE IN PLACE OF PRACTICE:**

Attach revised PDS to this form (Supervisor(s) needs to sign below signifying knowledge of change)

[ ] Practice to Delete: \_\_\_\_\_

[ ] Practice to Add: [Requires new or revised Professional Disclosure Statement for approval]

New Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s) ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Beginning Date of **this** employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Job Title: \_\_\_\_\_

Describe client population and your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. CHANGE IN SUPERVISOR:**

[ ] Change in Supervisor[s] -- **attach Form #7 and revised PDS to this form**

How many supervisors in your current "approved" plan? \_\_\_\_\_

Are you?

[ ] Replacing Existing Supervisor

[ ] Adding a Supervisor

[ ] Removing a Supervisor

[ ] Other \_\_\_\_\_

Current supervisor(s) \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor \_\_\_\_\_

New supervisor(s) \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor \_\_\_\_\_

**III. REVISED PLAN:** (include complete plan as revised)

Practice Site(s): \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Plan: \_\_\_\_\_  
(Full-Time or Part-Time) Signature

Supervisor(s) \_\_\_\_\_  
Supervisor Signature Supervisor Signature

**Mailing to:** OBLPCT, 3218 Pringle Rd. SE, # 250, Salem, OR 97302-6312

**Questions?** [503] 378-5499 or E-Mail [lpct.board@state.or.us](mailto:lpct.board@state.or.us)

**OFFICE USE ONLY**

Plan Change Approved? [ ] YES [ ] Tentative [ ] NO Initial / Date \_\_\_\_\_