



# State of Oregon

## BOARD OF PSYCHOLOGY

### OBOP Office Address:

3218 Pringle Road SE, Suite 130  
Salem, OR 97302-6309  
(503) 378-4154 • Oregon.gov/OBPE

### Request for Placement on the Supervisor Registry

This is an initial placement request.  This is an update to my registry information.

Name: \_\_\_\_\_ License #: \_\_\_\_\_

**Supervision Training.** Please list coursework, workshops or seminars.

I completed the Orientation to Residency Supervision training on \_\_\_\_\_.

Program title (include course level, if applicable)	Type (coursework, workshop, seminar, other)	Program Sponsor	Date of Completion

**Supervision Experience.** Please list by category (not name) all residents, graduate students, psychologists, or other mental health professionals or pre-licensed professionals you have supervised in the last five years.

Start Date	End Date	Type of Supervision
1		
2		
3		
4		
5		

Start Date	End Date	Type of Supervision
6		
7		
8		
9		
10		

**Practice Specialties.** Please indicate any practice area of specialty you would like listed on the registry (i. e. neuropsych assessments, forensic, health psychology, etc.).

\_\_\_\_\_

**Languages.** Please list any languages (in which you are fluent) to be listed on the registry.

\_\_\_\_\_

I certify that I have read and understand Oregon laws pertaining to residency supervision.  
The information provided in this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

You may print & mail (address above), fax to (503) 374-1904, or email your signed form to Oregon.BPE@state.or.us