



ASSOCIATE REGISTRATION PLAN FORM

This fillable form is to be completed by the (prospective) registrant and supervisor(s); it must be approved by the Board prior to initiating supervised work and when requesting Plan changes (place of practice or supervisor). Registrants, submit this fully completed and signed form as follows: for initial plans, via the Applicant Portal with your licensure application; or for Plan changes, via the Licensee Portal. ([Portals](#))

CHECK ONE: ☐ Initial Registration Plan
☐ Change in Supervisor
☐ Change in Place of Practice

Applicant Name: _____ Application Type: LPC LMFT

PLACE OF PRACTICE

Primary Practice Site

[Practice to Remove (list site, if applicable): _____]

Practice/Agency Name: _____

Practice Address*: _____

Describe client population and your duties:

Secondary Practice Site (if applicable)

[Practice to Remove (list site, if applicable): _____]

Practice/Agency Name: _____

Practice Address*: _____

Describe client population and your duties:

*This plan does not constitute an authorization to practice in any jurisdiction outside of Oregon. Registrants and supervisors are personally responsible to verify that any practice of professional counseling or marriage and family therapy provided pursuant to this supervision plan is authorized by the jurisdiction in which the practice occurs. Practice that is found to be contrary to another jurisdiction's laws and rules will not qualify towards the clinical experience requirements for licensure in Oregon.

SUPERVISION TO BE PROVIDED TO REGISTRANT – Supervision must comply with the requirements set forth in [OAR 833-050-0081](#). Registrants must receive at least 2 hours of supervision in months where they complete 45 or fewer hours of direct client contact, including no less than 1 hour of one-on-one individual supervision (the other hour may be group supervision). In months where they complete 46 or more hours

of direct client contact, registrants must receive at least 3 hours of supervision, including no less than 1.5 hours of one-on-one individual supervision. Refer to the rule for additional detail. If the minimum monthly supervision requirements are not met, then that month of clinical experience will not be approved and will not qualify towards the clinical supervision requirements for licensure.

CLINICAL SUPERVISOR

[Supervisor to Remove (list name, if applicable): _____]

Supervisor Name: _____ Title: _____

Phone: _____ Email: _____

Oregon License Type: ☐ LPC ☐ LMFT ☐ Other mental health professional: _____

License #(s): _____ Original Issue Date(s): _____

Approved Supervisor/Candidate on the OBLPCT Supervisor Registry (LPC/LMFT only): Yes No

Fee for Supervision (if any): _____ per hour.

► If Yes: Supervisors on the Registry may skip the remaining questions in this section only.

Previous discipline by any regulatory board? Yes No

Supervision Training: Supervisors must have completed 30 clock hours of post-master's degree training in supervision. Please list the relevant training programs(s) and/or post-master's graduate-level academic coursework.

Program Title	Program Sponsor	Date of Completion	Clock Hours

The above training included systemic theory and approach to couples and family issues: Yes No

AGREEMENT AND SIGNATURES

I have read and understand the regulations pertaining to the practice of professional counseling and marriage and family therapy in Oregon. I agree to comply with Oregon Administrative Rules (OAR) Chapter 833, Division 50- Registered Associates, and to carry out this registration plan only as approved by the Board. I understand the supervisor's responsibilities as set forth in OAR 833-050-0090 and the registered associate's responsibilities as set forth in OAR 833-050-0111. I hereby certify that all information provided in this document is true and correct to the best of my knowledge, and understand that knowingly making a false statement in connection with this plan or other Board form may result in disciplinary action. I understand that any clinical services performed by a proposed registered associate prior to plan or plan change approval and registration by the Board will not qualify towards the clinical experience requirements for licensure and may constitute sanctionable unlicensed practice.

Clinical Supervisor

Date

Proposed Registered Associate

Date