OREGON BOARD OF PSYCHOLOGIST EXAMINERS

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 Permitees

License Statuses Included (check one or both):

☐ Practicing [1] ☐ Non-Practicing [2]

[1] *Practicing statuses include active, semi-active, and probation.*

[2] *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):

☐ License Number
☐ Date of Licensure
☐ License Expiration Date
☐ School Attended
☐ Date Degree Conferred
☐ Discipline (Yes or No)
☐ Supervisor
☐ Gender

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

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