

OREGON BOARD OF PSYCHOLOGIST EXAMINERS



3218 Pringle Road SE, Suite 130
Salem, OR 97302-6309 503-378-4154
FAX: 503-374-1904 Website: Oregon.gov/OBPE
Email: oregon.bpe@state.or.us

Qualified Person Designation Form

Pursuant to OAR 858-010-0060(2), licensees must provide to the Board a named “qualified person” who will intercede for client welfare, maintain and access client records to ensure confidentiality, and make necessary referrals in case of death or incapacity of the licensee.

Date _____

Please keep this information updated with the Board.

Licensee Information	
Name	_____
License #	_____
Signature	_____

Please designate your qualified person, **who must be an Oregon licensed psychologist in active or semi-active status**, and have them sign this form below:

Qualified Person Information	
Name	_____
License #	_____
Signature	_____

The Board will release the name of the qualified person in the case of:

- Death or incapacitation; or
- A former client who is unable to locate a licensee.

Keep the Board updated on changes in your qualified person simply by submitting a new form.