OREGON BOARD OF PSYCHOLOGIST EXAMINERS

3218 Pringle Road SE, Ste. 130; Salem, OR 97302-6309
(503) 378-4154 · Fax: (503) 374-1904 · Oregon.gov/OBPE

Name: _____ License No.: _____ or ☐ Applicant

Please only fill out sections relevant to your request.

Change of Contact Information

Old Contact Information:

Mailing Address:

Office: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

New Contact Information:

Mailing Address: ◉ This is my Public Address

Office: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Address: ○ This is my Public Address

Office: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*Note: The mailing address is where you will receive communications from the Board, including your license renewal notice. If you would like to receive mail at your home but do not wish this address to be listed as public information, please list your office as your secondary address and check "This is my public address."

Change of Name

Prior Name: _____

New Name (as you wish it to appear in Board records): _____

Please submit documentation supporting the change of your name, e.g. marriage license, divorce decree, order of legal name change, etc., AND a copy of the front & back of your drivers' license.

Replacement Order*

☐ Wall Certificate ($12) and/or ☐ License Duplicate ($10)

Comment/Instructions: _____

_____

** Please include your check payable to OBPE.*

Signature: _____ Date: _____

Print Form Submit by Email