OREGON BOARD OF PSYCHOLOGY

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

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 or money order payable to OBOP.*

Signature: _____ Date: _____

You may print & mail (address above), fax to (503) 374-1904, or email your signed form to psychology.board@oregon.gov