

**TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
INTERN SUPERVISOR/SITE CHANGE REQUEST**

Intern Name: _____ License # _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

1. Change in place of practice (complete each section, if not applicable us N/A.)
 (Supervisor must sign below signifying knowledge of change)
Practice to Delete: _____
Practice to Add : _____

Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ E-mail _____
 Beginning Date of **this** employment: _____ Job Title: _____
 Describe client population and your duties:

2. Change in Supervisor (complete each section, if not applicable us N/A.)
 (Supervisor must sign below verifying knowledge of change and related rules of supervision)

Supervisor Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Supervisors license # _____ How many supervisors do you currently have? _____

Are You?
 Replacing Existing Supervisor (**Attach Copy of Supervisors Renewal Card**)
 Adding a Supervisor (**Attach Copy of Supervisors Renewal Card**)
 Removing a Supervisor
 Other

Acknowledgement of Plan Change:

Intern (print name)	License No	Supervisor (print name)	License No.
Intern Signature	Date	Supervisor Signature	Date

Mail to: TSBEP, PO Box 149347, MC 1982, Austin, Texas 78714
 Questions: (512)834-6658 or E-Mail: lpc@dshs.state.tx.us

Office Use Only:

Plan Change Approved: [] Yes [] Tentative [] No Initial/Date _____