

## TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

You may email this form to: [LPC@hhsc.state.tx.us](mailto:LPC@hhsc.state.tx.us).

Mail Code: 1982  
 PO Box 149347  
 Austin, Texas 78714-9347  
 Mail Code: 1982

Budget ZZ115  
 Fund #155  
 (512) 834-6658  
 Fax: (512) 834-6677

**INTERN/SUPERVISOR CHANGE FORM**

This form is to add or delete a supervisor. Effective February 28, 2019, the *Texas State Board of Examiners of Professional Counselors* no longer tracks Intern sites. It is the responsibility of the board approved supervisor to track Intern sites. (TAC 22 §681.93)

**Intern Name:** \_\_\_\_\_ **License #** \_\_\_\_\_

**THIS SECTION IS TO ADD A NEW SUPERVISOR**

Supervisor's Name \_\_\_\_\_  
 (First) (Middle) (Last)

Supervisor's LPC-S License # \_\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 (MM/DD/YYYY) (MM/DD/YYYY)

I'm requesting, to ADD the above named board approved supervisor to my licensing record. I understand no supervision may begin until this new supervisor is approved by the board's office.

Acknowledgement of Supervisor Change:

Intern (print name) \_\_\_\_\_ License No \_\_\_\_\_ New Supervisor (print name) \_\_\_\_\_ License No. \_\_\_\_\_

Intern Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**THIS SECTION IS TO DELETE AN EXISTING SUPERVISOR**

Supervisor's Name \_\_\_\_\_  
 (First) (Middle) (Last)

Supervisor's LPC-S License # \_\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 (MM/DD/YYYY) (MM/DD/YYYY)

I'm requesting, to DELETE the above named board approved supervisor from my licensing record.

Acknowledgement of Supervisor Change:

Intern (print name) \_\_\_\_\_ License No \_\_\_\_\_ Current or New Supervisor (print name) \_\_\_\_\_ License No. \_\_\_\_\_

Intern Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Today's Date \_\_\_\_\_