

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
**INTERN SUPERVISOR/SITE CHANGE REQUEST**  
Only one site/supervisor change per form

Intern Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Site where hours will be earned (*Section must be completed*)  
 (Supervisor must sign below signifying knowledge of change)  
**Delete Site:** \_\_\_\_\_  
**Add Site:** \_\_\_\_\_  
**Remaining at:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

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 to Add:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**(Attach Copy of Supervisors Renewal Card)**  
**Supervisors license #** \_\_\_\_\_  
**Supervisor to Delete:** \_\_\_\_\_  
 **Not changing supervisors**

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](mailto:lpc@dshs.state.tx.us)

Office Use Only:

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