

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
Intern Supervisor Change Form**



**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.

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

<b>THIS SECTION IS TO ADD A NEW SUPERVISOR</b>			
<b>SECTION A</b>	Supervisor's Name _____		
	(First)	(Middle)	(Last)
	Supervisor's LPC-S License # _____	State _____	Date Issued _____
			(MM/DD/YYYY)
	Expiration Date _____		(MM/DD/YYYY)
I'm requesting, to <u>ADD</u> 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
<b>THIS SECTION IS TO DELETE AN EXISTING SUPERVISOR</b>			
<b>SECTION B</b>	Supervisor's Name _____		
	(First)	(Middle)	(Last)
	Supervisor's LPC-S License # _____	State _____	Date Issued _____
			(MM/DD/YYYY)
	Expiration Date _____		(MM/DD/YYYY)
I'm requesting, to <u>DELETE</u> 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

**Mail to: TX BHEC TSBEPC, 333 Guadalupe, Ste. 3-900, Austin, TX 78701**

Applicant Name: \_\_\_\_\_  
**Intern Supervisor Change Form**

**Mail to: TX BHEC TSBEP, 333 Guadalupe, Ste. 3-900, Austin, TX 78701**

Applicant Name: \_\_\_\_\_  
**Intern Supervisor Change Form**