

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



ASSOCIATE/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 Associate sites. It is the responsibility of the board-approved supervisor to track Associate sites.

Associate Name: _____ License # _____

THIS SECTION IS TO ADD A NEW SUPERVISOR			
SECTION A	Supervisor's Name _____		
	(First)	(Middle)	(Last)
	Supervisor's LPC-S License # _____	State _____	Date Issued _____
			(MM/DD/YYYY)
	Expiration Date _____		(MM/DD/YYYY)
I am 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:			
_____		_____	
Associate (print name)	License No	New Supervisor (print name)	License No.
_____		_____	
Associate Signature	Today's Date	Supervisor Signature	Today's Date
THIS SECTION IS TO DELETE AN EXISTING SUPERVISOR			
SECTION B	Supervisor's Name _____		
	(First)	(Middle)	(Last)
	Supervisor's LPC-S License # _____	State _____	Date Issued _____
			(MM/DD/YYYY)
	Expiration Date _____		(MM/DD/YYYY)
I am requesting to <u>DELETE</u> the above-named board approved supervisor from my licensing record.			
Acknowledgement of Supervisor Change:			
_____		_____	
Associate (print name)	License No	Current or New Supervisor (print name)	License No.
_____		_____	
Associate Signature	Today's Date	Supervisor Signature	Today's Date

Mail to: TBHEC, Ste. 3-900, 333 Guadalupe, Austin, TX 78701

Applicant Name: _____
Associate Supervisor Change Form