

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



**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**

|  |  |   |   |  |
|--|--|---|---|--|
| <b>SECTION A</b>                             | Supervisor's Name _____<br>(First) (Middle) (Last)   |   |   |  |
|  | Supervisor's LPC-S License # _____ State _____ Date Issued _____ Expiration Date _____<br>(MM/DD/YYYY) (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:<br><br>_____   |   |   |  |
|  | 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**

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

Please email a scan of this form to [counseling@bhec.texas.gov](mailto:counseling@bhec.texas.gov)

or mail the original to: BHEC, 1801 N. Congress, Suite 7.300, Austin, TX 78701

Applicant Name: \_\_\_\_\_