

**INTERN PLAN CHANGE REQUEST**

Intern Name \_\_\_\_\_ LPC [ ] [ ] LMFT

Effective Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_ Intern Number(s): R\_\_\_\_\_

**I. CHANGE IN PLACE OF PRACTICE:**

**Attach revised PDS to this form (Supervisor(s) needs to sign below signifying knowledge of change)**

[ ] Practice to Delete: \_\_\_\_\_

[ ] Practice to Add: [Requires new or revised Professional Disclosure Statement for approval]

New Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s) ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Change Official Email Address [ ] Yes [ ] No

Beginning Date of **this** employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_

Describe client population and your duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. CHANGE IN SUPERVISOR:**

**(Supervisor(s) needs to sign below signifying knowledge of change)**

[ ] Change in Supervisor[s] -- **Attach Form #7 and revised PDS to this form**

How many supervisors in your current "approved" plan? \_\_\_\_\_

Are you?

- [ ] Replacing Existing Supervisor
- [ ] Adding a Supervisor
- [ ] Removing a Supervisor
- [ ] Other \_\_\_\_\_

Current supervisor(s) \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor \_\_\_\_\_

New supervisor(s) \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor \_\_\_\_\_

**Acknowledgment of Plan Change:**

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