

# OREGON BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS

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## List Order Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*The list will be sent as an attachment to the email address you have provided above, unless you specify an alternative delivery address below. The list formatted as a spreadsheet (.xls).*

Types of Licenses Included (check one or more):

- |  |  |
|--|--|
| <input type="checkbox"/> Licensed Professional Counselors (LPCs)         | <input type="checkbox"/> LPC Interns     |
| <input type="checkbox"/> Licensed Marriage and Family Therapists (LMFTs) | <input type="checkbox"/> LMFT Interns    |
| <input type="checkbox"/> LPC Applicants                                  | <input type="checkbox"/> LMFT Applicants |

License Statuses Included (check one or both):

- Practicing<sup>1</sup>       Non-Practicing<sup>2</sup>

<sup>1</sup> *Practicing statuses include active and probation.*

<sup>2</sup> *Non-Practicing statuses include inactive, retired, deceased, lapsed, suspended, revoked, and surrendered under investigation.*

The standard list includes name, title, license type, status, address, email and phone number. Please check additional items you would like included with your request (if any):

- |  |  |
|--|--|
| <input type="checkbox"/> License Number          | <input type="checkbox"/> Date Degree Conferred |
| <input type="checkbox"/> Date of Licensure       | <input type="checkbox"/> School Attended       |
| <input type="checkbox"/> License Expiration Date |  |

Please submit this form and a check for **\$35.00** to:

OBLPCT  
3218 Pringle Road SE, Suite 120  
Salem, OR 97302