OREGON BOARD OF PSYCHOLOGIST EXAMINERS
3218 Pringle Rd SE, Suite #130, Salem, OR 97302-6309
503-378-4154 ▪ Fax: (503) 374-1904
Oregon.gov/OBPE

Request to Extend Residency Supervision Contract

This fillable form is used to request an extension for good cause to an existing Resident Supervision Contract. The request must be received by the Board's office prior to the expiration of the contract, but please do not submit your request more than 8 weeks prior. If an extension is granted, the terms of the previously approved contract remain in place, and the contract expiration date will be extended to a specified date.

Resident Name: _____

Requested Length of Extension: _____ Months

Residency Progress:

Resident has performed _____ total hours of psychological services over a period of _____ months.

Please Explain Your Need for this Request and Plan for Completion of the Residency:

_____

_____

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_____

SIGNATURES -

We hereby request a Residency Supervision Contract Extension.

_____ _____
Primary Supervisor Date

_____ _____
Resident Signature Date

BOARD APPROVAL:

Date of Approval: _____ **Contract Expires:** _____

Authorizing Signature: _____