



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
REQUEST FOR EXTENSION OF PROVISIONAL LICENSE

INSTRUCTIONS **USE BLACK INK**

- This form must be typed or printed legibly
- Provide complete information. Incomplete information will delay the application process.
- Requires the date and signature of both the supervisee and the supervisor

Return form to:
 State Committee of Psychologists
 3605 Missouri Boulevard
 PO Box 1335
 Jefferson City, MO 65102-1335
 Telephone: (573) 751-0099
 TDD 1-800-735-2966
 e-mail: scop@pr.mo.gov

SECTION I - SUPERVISEE DATA - TO BE COMPLETED BY SUPERVISEE

1. NAME (FIRST, MIDDLE, MAIDEN, LAST)		2. SOCIAL SECURITY NUMBER
3. ADDRESS (STREET, CITY, STATE, ZIP)		4. PROVISIONAL LICENSE NUMBER
5. OFFICE TELEPHONE	6. CELL PHONE	7. EMAIL

SECTION II - SUPERVISOR DATA - TO BE COMPLETED BY SUPERVISOR

8. NAME (FIRST, MIDDLE, MAIDEN, LAST)		9. MISSOURI LICENSE NUMBER
10. ADDRESS (STREET, CITY, STATE, ZIP)		11. E-MAIL
12. OFFICE TELEPHONE	13. CELL PHONE	

14. NUMBER OF SUPERVISEES YOU SUPERVISE INCLUDING THIS APPLICANT

SECTION III - PROFESSIONAL SETTING

15. HAS THE LOCATION OF THE PROFESSIONAL SETTING CHANGED? YES NO
 IF YES, INDICATE THE NEW FACILITY NAME AND ADDRESS.

16. WHAT IS THE REASON AN EXTENSION IS NEEDED?

SECTION IV - SIGNATURES

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the Behavior Analyst Advisory Board.

17. SUPERVISOR SIGNATURE

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief. I further affirm that if the supervision agreement is changed in any way, I will immediately notify the Behavior Analyst Advisory Board.

18. SUPERVISEE SIGNATURE