



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
**CHANGE IN SUPERVISOR OR SETTING OF SUPERVISED LICENSEE**

**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 supervisor and the supervisee

Return form to:  
 State Committee of Psychologists  
 3605 Missouri Boulevard  
 Post Office 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 OF SUPERVISEE (FIRST, MIDDLE, MAIDEN, LAST)		2. MISSOURI LICENSE NUMBER	
3. ADDRESS (STREET, CITY, STATE, ZIP)		4. EMAIL ADDRESS	
5. OFFICE TELEPHONE		6. CELL PHONE	

**SECTION II - SUPERVISOR DATA - TO BE COMPLETED BY SUPERVISOR**

7. NAME OF SUPERVISOR (FIRST, MIDDLE, MAIDEN, LAST)		8. MISSOURI LICENSE NUMBER	
9. NAME OF SETTING WHERE SUPERVISION OCCURS		10. EMAIL ADDRESS	
11. ADDRESS OF SUPERVISION SETTING (STREET, CITY, STATE, ZIP)			
12. OFFICE TELEPHONE		13. CELL PHONE	
14. NUMBER OF SUPERVISEES YOU SUPERVISE INCLUDING THIS APPLICANT		15. DATE CHANGE BEGAN OR WILL BEGIN	

**SECTION III - SIGNATURES**

As supervisor I understand that I have the overall responsibility for providing the necessary supervision to protect the health and welfare of the patient/client receiving treatment from the licensee named above in Section I.

16. 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 State Committee of Psychologists.

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 State Committee of Psychologists.

18. SUPERVISEE SIGNATURE