

**OREGON BOARD OF
LICENSED PROFESSIONAL COUNSELORS & THERAPISTS**

Transfer of Application / License Information

*Please use this form to request information contained in your file. **This is not for investigation files.***

Name: _____ License #: _____

Social Security (last 4 digits): _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

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Desired Format for Delivery:

Mail to:

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Check the item(s) you would like included with your request:

License Materials

Supervised Work Experience References

Application Materials

Transcript(s)

Continuing Education

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Other (please specify): _____

I hereby authorize the Oregon Board of Licensed Professional Counselors and Therapists to release the documents specified above, which may include sensitive information such as social security number, from my file.

Signature: _____ Date: _____

Please submit this completed and signed form via the Licensee Portal. Note that the non-refundable fee, payable by card, is **\$20.00**

Do not request complaint or investigative file information. The request fee is non-refundable. Questions? Please contact the Board's office at 503-378-5499 or lpct.board@mhra.oregon.gov.