

IDAHO LICENSING BOARD OF PSYCHOLOGIST EXAMINERS
Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise, ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: psy@dopl.idaho.gov

NOTIFICATION OF INTENT TO SIT FOR THE NATIONAL PSYCHOLOGIST EXAMINATION

Instructions

If you are seeking licensure as a Psychologist and have not taken the examination, you must complete this form.

- Completed application. All requested information must be provided and the form must be notarized.
- \$25 exam administration fee. Make money orders and checks payable to the Division of Occupational and Professional Licenses (DOPL)
- Official transcripts must be received at the Division of Occupational and Professional Licenses.

Fees for the Examination for Professional Practice in Psychology (EPPP) SHOULD NOT be sent to the Idaho Board.

Administration fees are not refundable.

If you have questions, please e-mail psy@dopl.idaho.gov.

- I wish to register for the Psychologist EPPP Examination Doctoral program APA accredited? Yes No

Enclose a **\$25.00** exam administration fee. Do not enclose the fee for the Examination for Professional Practice in Psychology (EPPP). All returned checks are subject to a \$20.00 fee.

Full Name _____

Address of Record _____

(The above address is public record)

Mailing Address _____

(The above address is not public record) Street/PO Box City State Zip

Date of Birth ____/____/____
MM/ DD/ YYYY

Social Security No. ____/____/____
(This is not a public record; required by I.C. § 73-122)

Business Phone (____) _____
(This number is public record)

E-mail _____
(This is not a public record; required by I.C. § 67-2609.)

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____