

IDAHO BOARD OF PSYCHOLOGIST EXAMINERS

Division of Occupational and Professional Therapists

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

APPLICATION FOR PSYCHOLOGY LICENSE

Please complete this form by providing the requested information and signing the form. Your signature must be notarized. Applicants are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, please submit a written explanation and any documents that would assist the Board in reviewing the application. The requirements noted below are for general information only, please refer to the law and rule listed for complete requirements. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

There are three avenues to licensure listed below. Please mark on the application which one applies to you.

CHECKLIST FOR APPLICATION BY EXAMINATION/ORIGINAL LICENSE (EPPP Exam/Non-Endorsement): Applicants for whom an examination may be required. Must have either (1) graduated from an accredited college or university with a doctoral degree in psychology and have two (2) years of supervised experience acceptable to the Board (one (1) year may include a pre-doctoral practicum or internship and one (1) year must be post-doctoral), or (2) have graduated from an accredited college or university with a doctoral degree in a field related to psychology, and provide experience and training acceptable to the Board. (Additional information on qualifications may be found in Idaho Code § 54-2307 and Rules 500 and 550).

- Completed application. All requested information must be provided and the form must be notarized.
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or birth certificate, does not match the name on the application.
- Copy of official transcripts, showing the date the doctoral degree was conferred, sent directly to our office from the issuing authority.
- Proof of successful passage of the EPPP sent to our office directly from the testing authority.
- Verification of Certificate of Professional Qualification, if applicable, must be sent to our office directly from the issuing authority.
- Certification of licensure sent directly to our office from all state(s) where you are currently or have ever been licensed. If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.
- If you are or have ever been licensed in another state, certification of licensure must be sent to our office directly from the issuing authority.
- Additional documentation required if you answered “Yes” to any of questions 19-23. Requirements are listed under each question.
- Attach the required fees.

CHECKLIST FOR APPLICATION BY ENDORSEMENT: Applicants who have been licensed or certified by a regulatory board of psychologists in the United States or Canada for at least five (5) years, where such licensure or certification was based on a doctoral degree. (Additional information on qualifications may be found in Idaho Code §§ 54-2312 and 54-2307(2) and Rule 250).

- Completed application. All requested information must be provided and the form must be notarized.
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or birth certificate, does not match the name on the application.
- Copy of official transcripts, showing the date the doctoral degree was conferred, sent directly to our office from the issuing authority.
- Proof of successful passage of the EPPP sent to our office directly from the testing authority.
- Verification of Certificate of Professional Qualification, if applicable, must be sent to our office directly from the issuing authority.
- Certification of licensure sent directly to our office from all state(s) where you are currently or have ever been licensed. If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.
- If you are or have ever been licensed in another state, certification of licensure must be sent to our office directly from the issuing authority.
- Five (5) years of documented experience within the previous seven (7) years. This may be letters from employers, supervisors, or colleagues that provide a statement verifying the practice.
- Additional documentation required if you answered “Yes” to any of questions 19-23. Requirements are listed under each question.
- Attach the required fees.

APPLICATION FOR PSYCHOLOGY LICENSE

(Continued)

CHECKLIST FOR APPLICATION FOR SENIOR PSYCHOLOGY LICENSURE: Applicants who have maintained a valid psychology license based on a doctoral degree in the United States or Canada for not less than twenty (20) years, and have practiced psychology for five (5) of the last seven (7) years immediately prior to the date of application. (Additional information on qualifications may be found in Idaho Code § 54-2312A and Rule 375).

- Completed application. All requested information must be provided and the form must be notarized.
 - Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
 - Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or birth certificate, does not match the name on the application.
 - Verification of Certificate of Professional Qualification, if applicable, must be sent to our office directly from the issuing authority.
 - Verification of Registration with the National Register of Health Service Providers in Psychology, if applicable, must be sent to our office directly from the issuing authority.
 - Certification of licensure sent directly to our office from all state(s) where you are currently or have ever been licensed. If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.
 - Proof of meeting the continuing education requirements for the five years immediately prior to this application.
 - Five (5) years of documented experience within the previous seven (7) years. This may be letters from employers, supervisors, or colleagues that provide a statement verifying the practice.
- Additional documentation required if you answered “Yes” to any of questions 19-23. Requirements are listed under each question.**
- Attach the required fees.

FEES	
EXAM/NON-ENDORSMENT APPLICATION	\$150.00
ENDORSEMENT APPLICATION	\$250.00
SENIOR APPLICATION	\$250.00
ADMINISTRATIVE EXAM	\$25.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants must review the Idaho laws and rules prior to licensure. Please note that according to Idaho Code § 54-2303, you must be licensed to practice. All applicants must certify under oath that they have reviewed and will abide by the laws, rules, and ethics governing the practice of psychology. The Board’s Laws and Rules may be found at: <https://dopl.idaho.gov>.

Please keep a copy of this application for your records.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

APPLICATION FOR PSYCHOLOGY LICENSE

(continued)

- 16. Have you ever taken the National Examination for the Professional Practice of Psychology (EPPP)?
17. Are you currently or have you ever been licensed in another state?
18. Do you hold a current Certificate of Professional Qualification OR A registration with the National Register of Health Service Providers in Psychology; OR A certification by American Board of Professional Psychology from ABPP?
19. Do you meet the requirements as a Senior Psychologist as outlined in §54-2312A, Idaho Code?
20. Have you ever had a professional license, certification, or registration denied, revoked, suspended or otherwise disciplined for any reason?
21. Have you ever been disciplined due to sexual harassment or sexual misconduct?
22. Have you ever voluntarily surrendered a professional license, certification, or registration?
23. Have you ever been convicted or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction?
24. Have you ever abused, been dependent on, or been treated for the abuse or dependency of alcohol or any controlled substance?
25. Have you reviewed the Idaho laws and rules governing the practice of psychology?
26. Please attach the names and current addresses of three (3) persons willing to provide reference regarding your character, training, and experience.

Form with three columns for Name, Position & License Number, Current Address, and City, State, Zip.

APPLICATION FOR PSYCHOLOGY LICENSE

(continued)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

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 _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

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ADDENDUM 1

Please list below the graduate courses you completed which correspond to the basic education in psychology and check the appropriate box for either semester or quarter hours (see Rule 500.08). (Type or print only) *Does not need to be filled out if the Program is APA approved. See Rule 500. ** Minimal competence is demonstrated by passing a three (3) credit semester graduate course (or a five (5) credit quarter graduate course) in each of the substantive areas listed below.

Biological Bases of Behavior: Physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Cognitive-Affective Bases of Behavior: Learning, cognition, motivation, emotion

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Social Bases of Behavior: Social psychology, group processes, organizational and systems theory.

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Individual Differences: Personality theory, human development, abnormal psychology.

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Scientific and Professional Standards and Ethics

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Research Design and Methodology

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Techniques of Data Analysis: statistics, multivariate statistics, factor analysis, multiple regression, non-parametric statistics.

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Psychological Measurement: psychometric principles, test theory, personality assessment, cognitive assessment.

Year	Course Name	Course #	Hours Earned	Semester	Quarter

History and Systems of Psychology.

Year	Course Name	Course #	Hours Earned	Semester	Quarter

Multiculturalism and Individual Diversity.

Year	Course Name	Course #	Hours Earned	Semester	Quarter

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**PRE-LICENSURE PROFESSIONAL PRACTICE
ACKNOWLEDGEMENT FORM
ADDENDUM 2**

All applicants must fit into one of the following categories in order to provide psychological services or practice psychology without a psychology license. The practice of psychology that does not qualify under one of the following categories is a serious issue and may constitute a criminal offense. This form refers to the Board Laws and Board Rules that can be downloaded from our website <https://dopl.idaho.gov>. Please indicate your current status (**check one**):

1. Not practicing psychology at any level in any jurisdiction.
2. Practicing psychology in a jurisdiction (state or province) other than Idaho.
3. Practicing psychology in Idaho under an exempt status consistent with Idaho Code 54-2303 (e.g., a university or a public mental health agency).
4. Practicing as a Service Extender in Idaho consistent with Rule 450.
5. Intend to practice psychology as a Service Extender in Idaho consistent with Rule 450.
6. Other (explain):

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Evaluation and Accreditation of Supervised Internship Form

Dear Dr.

Candidate _____ has applied for a license to practice Psychology in the State of Idaho. The Idaho Board of Psychologist Examiners requires information from you in order to document the candidate's completion of an internship at an APPIC (Association of Psychology Postdoctoral and Internship Centers) member site or at a site demonstrating an equivalent program. If your site is an APPIC member, complete only Part 1. If your site is not an APPIC member, complete both Part I and Part 11 and provide all requested attachments. Thank you for your assistance.

PART I - Completed by all Training Directors

- 1. Internship Site _____
- 2. APPIC Member # _____ OR Not an APPIC member _____
- 3. Site Address _____
- 4. Inclusive dates of candidate's internship: From _____ To _____
- 5. Date Certificate of Internship Completion issued: _____
- 6. Training Director's Name _____

Training Director's Signature Date

PART 11 - Completed by Directors of non-APPIC member internships only

- 1. Attach a written description of the planned, programmed sequence of training experiences provided to interns. Include any written statements or brochures describing the nature of the training program, its goals, the content of the internship, and expectations of intern performance.
- 2. List all doctoral level staff psychologists providing supervision to the candidate.

Training Director

- a. Name _____
- b. Psychology License # _____ State Issuing License _____
- c. Mean hours per week at the internship site _____
- d. Mean hours of supervision each week _____

Second Supervising Psychologist

- a. Name _____
- b. Psychology License # _____ State Issuing License _____
- c. Mean hours per week at be internship site _____
- d. Mean hours of supervision provided each week _____

(If more than two licensed psychologists supervised the candidate, attach a separate list of those supervisors' names, license numbers, states issuing licenses, mean hours that supervisor was available on site, & mean hours of supervision provided each week)

- 3. Provide an attached description of the types of direct (face-to-face) service provided by the intern to consumers of psychological services.
- 4. Estimate the percentage of We candidate's time spent providing direct (face-to-face) service to patients/clients = _____ % (i.e. assessment, therapy, or consultation; NOT didactics, research, or support activities)
- 5. Attach an outline of the didactic activities (case conferences, seminars, in-service training, grand rounds) provided during the internship, including documentation of the candidate's hours spent in didactic activities during the internship.
- 6. The total number of interns on site and in training during the inclusive dates of the candidate's internship. Number = _____.
- 7. The professional title used by interns to represent themselves to the public during the internship. Title = _____.
- 8. Attach a copy of the internship's due process procedures for addressing concerns about the intern's performance and the intern's concerns about the training program.
- 9. Total professional hours compiled by the candidate during the inclusive dates of the internship. Hours = _____ (Include all internship activities here).
- 10. Attach copies of all evaluations of the intern's performance.

Training Director's Signature Date

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EVALUATION AND ACCREDITATION OF SUPERVISED PRACTICE

Dear Dr.

Candidate _____ has applied for a license to practice Psychology in the State of Idaho. The Idaho Board of Psychologist Examiners requires information from you in order to evaluate and accredit the extent and quality of the candidate's supervised experience. This original form must be completed by the supervisor only and returned directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

1. Supervisor name _____

2. Address _____
Street/PO Box City State Zip

3. Supervisor license # _____ State issuing license _____

4. Supervisor area of specialty _____

5. Inclusive dates of candidate's supervision: From _____ To _____
Mm/dd/yy Mm/dd/yy
(Record no more than 1 calendar year per form. Use additional forms for each additional or partial year.)

6. Total hours of supervised practice during dates noted above: _____

7. Total hours of supervisory one-to-one contact during dates noted above: _____

8. Name & nature of the setting in which the candidate's supervised practice took place:

9. Describe the nature of the candidate's duties:

10. State the quality of the candidate's performance while under your supervision:

11. To your knowledge has disciplinary action been taken against the applicant at any time? () Yes () No
(If Yes, please attach an explanation.)

12. To your knowledge does the applicant have or ever had an addiction to alcohol or any controlled substance? () Yes () No
(If Yes, please attach an explanation.)

13. To your knowledge has the applicant ever been disciplined because of sexual harassment or sexual misconduct? (If Yes, please attach an explanation.) () Yes () No

Signature of Supervisor

Date