



IDAHO DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

BRAD LITTLE - GOVERNOR
RUSSELL S. BARRON - ADMINISTRATOR

APPLICATION – SERVICE EXTENDER

Idaho Code §54-2302. DEFINITIONS.

(9) “Service extender” means a person who has earned a doctoral degree in psychology or a master's degree in a mental health field and is permitted to provide psychological services under the supervision of a licensed psychologist.

ADMINISTRATIVE RULE 24.12.01.450. GENERAL APPROACH TO PSYCHOLOGY PRACTICE AND USE OF SERVICE EXTENDERS.

To evaluate whether a specific act is within the scope of psychology practice in or into Idaho, or whether an act can be delegated to other individuals under their supervision, a licensee of the Board must independently determine whether:

01. Express Prohibition. The act is expressly prohibited by the Idaho Psychologist Act, Title 54, Chapter 23, Idaho Code; rules of the Idaho Board of Psychologist Examiners; or any other applicable state or federal laws or regulations.

02. Education, Training, and Experience. The act is consistent with the licensee or service extender’s education, training, and experience.

03. Standard of Care. Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or service extender with similar education, training and experience.

04. Scope of Service Extenders. The scope of practice of service extenders includes only those duties and responsibilities identified in a written supervision agreement.

05. Supervised Practice. A signed supervision agreement between a licensed psychologist and service extender must include:

- a. The parties to the agreement and authorized scope of practice for each service extender;
- b. The direct supervision methods including weekly supervisory sessions and chart review; and
- c. The procedures for emergency consultation, and if necessary, any patient monitoring parameters.

06. Documentation. The licensed psychologist will maintain documentation of the supervision agreements for not less than three (3) years for each service extender and submit to the Board upon request.

CHECKLIST

	<p align="center">Completed Application with Non-Refundable Application Fee Mail To: 11341 W. Chinden Blvd. Building #4, Boise, ID 83714</p>
	<p align="center">Official Transcripts</p> <p>Transcripts must have degree posted (doctoral degree in psychology or master’s degree in a mental health field) and must be sent in a sealed envelope or electronically. Electronic transcripts must come from the school and can be emailed to PSY@dopl.idaho.gov.</p>

OFFICE ADDRESS:
11351 W CHINDEN BLVD
BOISE, ID 83714

IDAHO BOARD OF PSYCHOLOGIST EXAMINERS
Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714

Website: <https://dopl.idaho.gov>

E-mail: psy@dopl.idaho.gov

SERVICE EXTENDER PERMIT

FEE
\$100.00

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.

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 include expedited processing of your application.

I hereby submit the following information and make application to in the State of Idaho under the provisions of Rule 450, IDAPA 24, Title 12, Chapter 01 and provide the following:

1. **Service Extender Full Name** _____
2. **Business Phone** (____) _____ **Other** (____) _____ **E-mail** _____
(The above phone number is a public record.)
3. **Service Extender Address of Record** _____
(The above address is a public record.)
4. **Service Extender Mailing Address** _____
(Will be used as address of record if none provided above)
5. **Social Security No.** ____/____/____
(This is not a public record; required by I.C. § 73-122.)
Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.
6. **Service Extender Date of Birth** ____/____/____
mm dd yyyy
7. **Is the service extender or their spouse an active member or honorably discharged veteran of the United States Armed Services?** () Yes () No
8. **Official Transcripts:** () Are provided in a sealed envelope () Will be provided separate from this application
9. **(OPTIONAL) Supervisor's Full Name** _____ **License #** _____

DECLARATION

I _____, certify that I am over 18 years of age and have personal knowledge of the facts set forth herein. I am the person described and identified in this application. I certify that I am the lawful holder of a degree which satisfies the educational requirements of Idaho Code Section 54-2302(9) and was procured in the regular course of instruction without fraud or misrepresentation.

I further certify that I have read the rules pertaining to Service Extenders under Idaho Code Section 54-2301 et. seq., IDAPA 24.12.01, and the American Psychological Association's Code of Ethics. If a service extender permit is issued to me, I understand that any violation of laws or rules may result in disciplinary action. Should I furnish any false information or cause any material omission in this application, such act constitutes good cause for denial, suspension or revocation of my permit.

I understand that the Board of Psychologist Examiners and the Division of Occupational and Professional Licenses retains the right to promulgate rules or legislation which may impact the validity of my permit.

I certify (or declare) under the penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Signature of Applicant _____ Date _____