

IDAHO BOARD OF PSYCHOLOGIST EXAMINERS
Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise ID 83714or
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 NOTICE OF INTENT TO PRACTICE PSYCHOLOGY IN THE STATE OF IDAHO

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.. 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.**

CHECKLIST FOR NOTICE OF INTENT APPLICATION:

- 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.
- Official certification of licensure must be sent to our office directly from the issuing authority.
- 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 proof of age or license certification, does not match the name on the application.
- Attach the required application fee of \$50.00.

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](#).

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.

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

NOTICE OF INTENT TO PRACTICE PSYCHOLOGY IN THE STATE OF IDAHO
MAY NOT EXCEED 30 DAYS PER CALENDAR YEAR
(AS REQUIRED UNDER IDAPA 24.12.01.300)

Persons not licensed in this state who desire to practice psychology under the provisions of Idaho Code [Title 54 Chapter 23](#) for a period not to exceed thirty (30) days within a calendar year.

Persons practicing psychology under the conditions described above are required to file with the Board, on or prior to entering Idaho to conduct such work, the following information. Notice should also be made to the Board when work is completed.

1. **Full Name (Mr., Mrs., or Ms.)** _____
2. **Address of Record** _____
(The above address is a public record.) Street City State Zip
3. **Mailing Address** _____
(The above address is not a public record.) Street City State Zip
4. **Date of Birth** ____/____/____ **Social Security No.** ____ - ____ - ____
 mm dd yyyy (This is not a public record; required by I.C. § 73-122.)
(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 must be attached.)
5. **Business Phone** (____) _____ **Other Phone** (____) _____ **E-mail** _____
(This number is a public record.) (This number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)
6. **State of Licensure, registration or certification** _____ **License, registration or certificate#** _____
7. **DATES OF WORK:** **Beginning** ____/____/____ **Ending** ____/____/____
 mm dd yyyy mm dd yyyy
8. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license, please attach a copy of your DD-214) () Yes () No

I certify that I will follow the laws and rules of the State of Idaho and not practice for more than 30 days within the year.

Signature of Applicant
Date _____

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____