



State of Idaho
Division Of Occupational and Professional Licenses
Idaho Board of Psychologist Examiners

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

AFFIDAVIT OF COMPLETION OF MASTER’S EDUCATION

This form must be completed and emailed directly to the Board office by the school, not the applicant.

Please complete form and email it **directly** to the Idaho Board of Psychologist Examiners at psy@dopl.idaho.gov

I hereby certify that _____ successfully completed all requirements
Student Name
of the _____ program in _____ on
Institution or School Major
_____ to earn a _____ degree/certificate on _____.
Completion Date Type of Degree Date

Education Administrator or Authorized Designee

Title

Notary Public

1. Please notarize the signature of the psychology education administrator above.
2. Please notarize the affidavit after completion of all graduation requirements from the program.

State of _____)

County of _____)

On this date, _____, before me, _____, a notary public,
Month/Day/Year Notary Public
personally appeared _____, known or identified to me to be the person whose
Education Administrator
name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

S
E
A
L

Notary Public

Expiration Date of Notary Commission