



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

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

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**Supervision Agreement Form**

APPLICATION FOR PROVISIONAL PRESCRIBING PSYCHOLOGIST SUPERVISOR and SUPERVISION PLAN.

**Applicant Information:**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby agree to comply with the supervision plan outlined herein as part of my application for prescribing psychologist certification. I certify that I have reviewed and understand the plan, including all supervision requirements and procedures set forth in [Idaho Code § 54-23](#) and [IDAPA 24.12.01](#), and I agree to comply with all such requirements and procedures in the course of my practice.

\_\_\_\_\_  
**Applicant Signature**

**Supervisor Information** *(a form must be submitted for each supervisor):*

As a supervising physician, you attest that you:

- Are board-certified
- Have a minimum of two (2) years of experience in the management of psychotropic medications

Furthermore, you agree to oversee the provisional prescribing psychologist and commit to:

- Providing a minimum of four (4) hours of one-to-one supervision per month (48 hours annually)
  - If multiple supervising physicians are involved, hours may be divided among them

Supervisor Role (check one):  Primary Supervisor  Secondary Supervisor

Supervisor Status (check one):  New Supervisor  Change in Supervisor

Name: \_\_\_\_\_ License #: \_\_\_\_\_ State or Jurisdiction: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Patient Population:  General  Pediatric  Geriatric

I hereby agree to serve as the supervisor of the applicant in the supervision plan outlined herein as a part of the applicant's application for prescribing psychologist certification. I certify that I have reviewed and understand the plan, including all supervision requirements and procedures set forth in [Idaho Code § 54-23](#) and [IDAPA 24.12.01](#), and I agree to comply with all such requirements and procedures in my supervision of the applicant's practice.

\_\_\_\_\_  
**Supervisor Signature**