



APPLICATION FOR PSYCHOLOGY LICENSE

(continued)

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

Table with 3 columns: name, position & license number, current address, city, state, zip.

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Psychology and the Ethical Principles of Psychologists of the American Psychological Association.

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 \_\_\_\_\_

**APPLICATION FOR PSYCHOLOGY LICENSE**  
**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)

**Professional Ethics & Standards**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Research Design & Methodology**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Statistics**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Psychometrics**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Biological Bases of Behavior** (physiological psychology, comparative psychology, neuropsychology, sensation & perception, psychopharmacology. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Cognitive-affective Bases of Behavior** (learning, thinking, motivation, emotion. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Social Bases of Behavior** (social psychology, group, processes, organization & system theory. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Individual Differences** (personality theory, human development, abnormal psychology. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**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 offence. This form refers to the Board Laws and Board Rules that can be downloaded from our website ([www2.state.id.us/ibol/psy](http://www2.state.id.us/ibol/psy)). 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; a written supervisory plan has been filed with the Board.
5. \_\_\_\_\_ Intend to practice psychology as a Service Extender in Idaho consistent with Rule 450; a written supervisory plan will be filed with the Board within 30 days of initiation of supervised practice.
6. \_\_\_\_\_ Intend to practice psychology as a Psychologist In Training consistent with Rule 600.01 and Rule 600.03: a written supervisory plan will be filed with the Board within 30 days of the initiating supervised practice: NOTE: you must meet Rule 500 (educational criteria) to obtain Board approval to commence practice as a Psychologist In Training.
7. \_\_\_\_\_ Intend to practice psychology as a Psychologist Under Supervision consistent with Rule 600.01 and Rule 600.04; a written supervisory plan will be filed with the Board within 30 days of the initiating supervised practice: NOTE: you must meet Rule 500 (educational criteria) and Rule 200 (EPPP Exam) to obtain Board approval to commence practice as a Psychologist Under Supervision.
8. \_\_\_\_\_ Other (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If you have a supervisory plan on file with the Board that will not change when you progress from one status to another (i.e., from Service Extender to Psychologist In Training, or from Psychologist In Training to Psychologist Under Supervision), a new plan is not required.