

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**  
[psy@ibol.state.id.us](mailto:psy@ibol.state.id.us)

**APPLICATION TO SUPERVISE A PSYCHOLOGY SERVICE EXTENDER**

**An application fee of \$100.00 must be submitted with this application.**

I hereby submit the following information and make application to supervise a Psychology Service Extender 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. **Service Extender Mailing address** \_\_\_\_\_  
Street/PO Box City State Zip
3. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year  
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)
4. **Business phone** (\_\_\_\_) \_\_\_\_\_ **Other** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(The above phone number is public record)
5. **Supervisor Full Name** \_\_\_\_\_ **License #** \_\_\_\_\_
6. **Supervisor business phone** \_\_\_\_\_ **Supervisor e-mail** \_\_\_\_\_
7. **Initial date of supervisory relationship** \_\_\_\_\_ **Anticipated duration** (in months) \_\_\_\_\_
8. **I currently have** \_\_\_\_ **service extenders under my supervision.**
9. **This service extender will serve in that capacity with** \_\_\_\_ **other psychologists. Please attach names & hours worked for each.**
10. **This service extender will serve under either** [ ] **Category I - Rule 450.02.a.i.** or [ ] **Category II – Rule 450.02.a.ii. & b.**
11. **Does the service extender hold an Idaho license for a specific profession which requires a master's degree?** [ ] **Yes** [ ] **No**  
(If Yes, please attach a copy of the license)
12. **Does the service extender hold a master's degree from a program in psychology, counseling, or human development?**  
(If Yes, please attach a copy of the diploma &/or transcript) [ ] **Yes** [ ] **No**
13. **Has the service extender previously functioned satisfactorily as a service extender to a licensed psychologist for no less than 20 hours per week over a period of 260 weeks?** [ ] **Yes** [ ] **No**
14. **Will the service extender receive a minimum 1 hour of supervisory contact for each increment of 20 hours of client contact?**  
(See Rule 450.01.b.ii.) [ ] **Yes** [ ] **No**
15. **Has the service extender received appropriate preparatory training for the assigned duties?** [ ] **Yes** [ ] **No**  
(If No, your application will be denied. If Yes, complete and attach the Assigned Duties & Preparatory Training Addendum and any other documentation to support your response.)

**AFFIDAVIT**

I hereby certify that the responses provided above and those on the addendum and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I will comply with the Idaho Laws and Rules governing the practice of Psychology and the Ethical Principles of Psychologists of the American Psychological Association. I further certify that I will supervise the work of the service extender named above until such time as I provide written notice by certified mail to the Board of the termination of my supervision. I understand that my failure to comply with the rules governing the use of service extenders may result in disciplinary action against my license.

\_\_\_\_\_  
Signature of Supervisor

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**APPLICATION TO SUPERVISE A PSYCHOLOGY SERVICE EXTENDER**  
(continued)

**PLAN FOR SUPERVISION ADDENDUM**  
**Rule 450.01(b)ii**

My plan for supervising the service extender includes the following:

1. Number of service extender client contact hours per week \_\_\_\_\_
2. Frequency of the face-to-face one-to-one supervisory contacts \_\_\_\_\_
3. Duration of each face-to-face one-to-one supervisory contact \_\_\_\_\_
4. Frequency of the face-to-face group supervisory contacts \_\_\_\_\_
5. Duration of each face-to-face group supervisory contact \_\_\_\_\_
6. During the performance of the service extender's duties I will be regularly present on site for a minimum of \_\_\_\_\_ hours per week.  
(See Rule 450.03.i.)
7. My plan for chart review, including frequency & nature of review, is as follows (Rule 450.01.b.i.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If the psychologist requires tapes to be made of psychological services delivered by the service extender, then the plan shall also specify review and destruction of these tapes.  
My plan for tape review, including frequency, nature of review and destruction, is as follows (Rule 450.01.b.i.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. My written record of all supervisory sessions, including the amount of time I was available on site while the service extender was performing duties and how I determined that time, will be maintained as follows (Rule 450.01.b.i. & 450.03.m.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. I have attached additional information which may assist the Board in evaluating my application.       Yes       No  
(Please list all enclosed documentation below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheets as necessary.

**APPLICATION TO SUPERVISE A PSYCHOLOGY SERVICE EXTENDER**

**Assigned Duties & Preparatory Training Addendum**

**ASSIGNED DUTIES**

Clearly identify each duty to be assigned to this service extender. Include information on the types of therapeutic services provided and the populations served.

- a. \_\_\_\_\_  
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- b. \_\_\_\_\_  
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- d. \_\_\_\_\_  
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- e. \_\_\_\_\_  
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**TRAINING OR PREPARATION**

Clearly identify the training or preparation this service extender has received in order to perform each of the duties listed.

- a. \_\_\_\_\_  
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