

**Idaho Board of Psychologist Examiners**  
**Idaho Bureau of Occupational Licenses 700**  
**WEST STATE STREET, PO BOX 83720**  
**Boise, Idaho 83720-0063**  
[psy@ibol.idaho.gov](mailto:psy@ibol.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 54-2300 for a period not to exceed thirty (30) days within a calendar year may do so if they hold an interjurisdictional practice certificate (IPC) from the association of state and provincial psychology boards (ASPPB). As such, in order to practice temporarily under the IPC psychologists would be required to notify the Board of their intent to practice and provide documentation of their status. It is the IPC holders' responsibility to contact the ASPPB to send verification of IPC status, including verification of no discipline.

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 public record) Street City State Zip

**Mailing address** \_\_\_\_\_

(The above address is not public record) Street City State Zip

3. **Place of Birth** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

**(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)**

4. **Social Security No.** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Business phone** (\_\_\_\_)\_\_\_\_ **E-mail** \_\_\_\_\_

5. **State of Licensure, registration or certification** \_\_\_\_\_ **License, registration or certificate#** \_\_\_\_\_

6. **DATES OF WORK:** **Beginning** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Ending** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

I certify that I hold or will hold before beginning work an IPC from the ASPPB. I will ensure that ASPPB sends verification of my IPC status (including verification that I have not been disciplined) to the Bureau. I will not begin working until I have confirmed with the Bureau that it has received the IPC verification.

\_\_\_\_\_  
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 \_\_\_\_\_

Submit this notice and your notice of completion to: the Board at the address listed above.