

**IDAHO BOARD OF PSYCHOLOGIST EXAMINERS**  
**Idaho Bureau of Occupational Licenses**  
**700 West State Street, Boise ID 83702 or**  
**P.O. Box 83720, Boise ID 83720-0063**  
**Phone: (208) 334-3233 Fax: (208) 334-3945**  
**Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [psy@ibol.idaho.gov](mailto:psy@ibol.idaho.gov)**

**APPLICATION FOR PSYCHOLOGY LICENSE INSTRUCTIONS THROUGH PLUS**

The Idaho State Board of Psychologist Examiners is now offering the opportunity to apply for licensure online via the Association of State and Provincial Psychology Boards (ASPPB) Psychology Licensure Application System (PLUS). The PLUS program can be used by any applicant who is seeking licensure, certification, or registration in any state, province, or territory in the United States or Canada that participates in the program.

The PLUS allows individuals to apply, online, for licensure while enabling concurrent application for the ASPPB Certificate of Professional Qualification (CPQ) and Interjurisdictional Practice Certificate (IPC). In this way, application information is “banked” for any future applications to other jurisdictions or mobility credentials. All information collected as part of the licensure application is automatically deposited and saved in the ASPPB Credentials Bank: a Credentials Verification & Storage Program (The BANK). This information can be accessed by the applicant or forwarded to any other licensing board, organization, entity, or individual, upon the applicant’s written request.

**What are the benefits to applying for licensure through the ASPPB PLUS program?**

- Application information is stored for future licensure needs with participating licensing boards.
- PLUS Licensure Specialists are just a phone call or email away and are there to help guide applicants through the application process.
- Using ASPPB’s easy online application program will help in streamlining future licensing processes.
- All information collected as part of the application is deposited and saved in each applicant’s **SECURE** Credentials Bank (CB).
- Records can be accessed electronically by the applicant 24/7 and forwarded to any other licensing board, organization, entity, or individual, upon request at any time.

**In addition to using the ASPPB PLUS program to apply for an Idaho license, applicants will be eligible for:**

- Concurrent application for other ASPPB Mobility Services, such as the ASPPB Certificate of Professional Qualification (CPQ) and the ASPPB Interjurisdictional Practice Certificate (IPC).
- Reduced EPPP score transfer fees.

To begin the PLUS process, please complete the Initial PLUS Application for Registration in Idaho form found (here), submit to the address on the form with appropriate fees as noted on the application below. Once Idaho has processed the information, an ASPPB PLUS Licensure Specialist will contact you directly with further instruction. All requested information, application fee, and initial license fee must be provided. \*Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Checks should be made payable to the Idaho Bureau of Occupational Licenses (IBOL). All returned checks are subject to a \$20.00 fee.

**Please note:**

ASPPB does not determine your eligibility for licensure. When you submit a PLUS application for licensure, your completed application package is forwarded to Idaho where the Idaho Board of Psychologist Examiners will then determine the applicant’s eligibility for licensure.

**Names:** If some documents or records are in different names, please notify the Board in writing when submitting them the name in which you have applied for licensure under. If you change your name, you must send a copy of the legal document changing the name to the Board.

**Copies:** Applicants should keep a copy of **ALL** application materials submitted to the Board.

Applicants may still apply using the traditional approach by filling out the Psychology Application on the Board’s website.



**18. Have you ever abused, been dependent on, or been treated for the abuse or dependency of alcohol or any illegal or controlled substance?** ( ) Yes ( ) No  
(If Yes, a detailed statement and any supporting documentation regarding intervention, treatment, and current status must be received before your application will be processed.)

**19. Have you reviewed the Idaho laws and rules governing the practice of psychology?** ( ) Yes ( ) No  
The laws and rules and review may be found online at [www.ibol.idaho.gov](http://www.ibol.idaho.gov).

**AFFIDAVIT**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

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