

IDAHO STATE BOARD OF PSYCHOLOGIST EXAMINERS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
Phone 208-334-3233; Fax 334-3945
Website – www.ibol.idaho.gov; E-mail - 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). Currently, the only fees incurred are those required by the Idaho Board. 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). ASPPB has agreed to waive any charges normally associated with the CB application.
- 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).
- Waived application fees for CPQ and/or IPC (currently \$200).
- 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. 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.

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PLUS APPLICATION FOR PSYCHOLOGY LICENSE

I hereby submit my qualifications and application for a Psychology license in the State of Idaho under the provisions of Title 54, Chapter 23, Idaho Code, and provide the following: (Check **ONE** box for this application type below)

- EPPP Exam/Non-Endorsement (if you do not meet the five years of practice for endorsement, or are a first-time applicant who needs to take the EPPP) Include fees of \$150 for the application plus the administrative exam fee of \$25, unless you have already taken and passed the EPPP.**
- Endorsement (Rule 250) Include fees of \$250 for the application.**
- Senior (Rule 260) Include fees of \$250 for the application.**

1. **Full Name** _____ **Ph.D.** _____ **Psy.D.** _____

2. **Business address** _____
(The above address is public record) Street/PO Box City State Zip

3. **Mailing address** _____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
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.)

5. **Business phone** (____) _____ **Other**(____) _____ **E-mail** _____
(The above phone number is public record)

6. **Attained Doctorate degree from** _____ **on** _____ **with Major in** _____

7. **List the department of the university/college awarding the degree.** _____

8. **List the title of the degree program** (e.g. Clinical Psychology; Counseling Psychology; etc.) _____

9. **Was the program approved by the A.P.A. at the time the degree was awarded?** () Yes () No

10. **Have you ever taken the National Examination for the Professional Practice of Psychology (EPPP)?** () Yes () No

11. **Are you currently or have you ever been licensed in another state?** () Yes () No

12. **Do you hold a current Certificate of Professional Qualification OR a registration with the National Register of Health Service Providers in Psychology; OR a certification by American Board of Professional Psychology; from ASPPB?** () Yes () No

13. **Do you meet the requirements as a Senior Psychologist as outlined in §54-2312A, Idaho Code?** () Yes () No

14. **Have you ever had a professional license, certification, or registration denied, revoked, suspended or otherwise disciplined for any reason?** () Yes () No
(If Yes, a letter of explanation & a copy of the charges & the final order must be received before your application will be processed.)

15. **Have you ever been disciplined due to sexual harassment or sexual misconduct?** () Yes () No
(If Yes, a letter of explanation & a copy of the charges & the final order must be received before your application will be processed.)

16. **Have you ever voluntarily surrendered a professional license, certification, or registration?** () Yes () No
(If Yes, a written explanation of the circumstances surrounding the surrender must be attached.)

17. **Have you ever been convicted or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction? (Exclude minor traffic offenses but include all misdemeanors, felonies & military court-martials.)** () Yes () No
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

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.

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.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

 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 _____