

IDAHO BOARD OF PSYCHOLOGIST EXAMINERS
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
E-Mail: PSY@ibol.idaho.gov Web: www.ibol.idaho.gov

REQUEST TO MAKE LICENSE INACTIVE

I hereby request my license(s) number(s) _____ be placed on inactive status.

By choosing this option, I understand I may reactivate my license(s) by paying the difference between the inactive fee and the full licensure renewal fee and submitting verification of continuing education and compliance with any other requirements of Idaho laws and rules. I understand that to retain my inactive license, I must renew my inactive license annually as provided in the Board's rules.

I further understand that I am not allowed to practice while on inactive status.

Printed Name

Signature

Date

State of _____, County of _____, ss.

This record was acknowledged before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____