



Organized Health Service Training Program Confirmation

Board of Behavioral Health Professions — Psychology

Iowa-Licensed Psychologist/Applicant: _____

The above-named psychologist has applied for Iowa certification as a Health Service Provider in Psychology (HSP). The certification requirements are found at 481—IAC 885.6(1). The requirements of the organized health service training program are found at 481—IAC 885.6(2). Please complete this form to verify the applicant's completion of the internship program.

Note: Additional documentation is required if the internship program was not APA accredited or APPIC designated at the time the training was completed.

Internship Information

Name of Internship Agency: _____

Address of Training Agency: _____

City, State, Zip: _____

Director of Training: _____

Email Address: _____

1. Dates the Above-Named Applicant Participated in the Internship Program:

From: Month: _____ Year: _____ to Month: _____ Year: _____

Full-Time Part-Time

2. Applicant's Primary Supervisors: _____

3. Supervisor's Credentials (Highest-Degree Program): _____

Yes No **State Licensed/Certified**

Yes No **Specialty Boards**

Yes No **Are you listed in the National Register of Health Service Providers in Psychology?**

Yes No **Are you certified as a Health Service Provider in Psychology by a state licensure board?**

4. Applicant's Title at Agency: _____

5. Was the internship program approved by the American Psychological Association (APA)?

Yes No

6. If not approved by the APA, was the internship program APPIC designated at the time of completion? Yes No

7. Was the internship satisfactorily completed? Yes No

8. Was the internship part of a university/school doctoral program requirement? Yes No

If yes, name of university department / program:

I hereby attest that all the above information is true and correct to the best of my knowledge.

Signature: _____

Title: _____

Date: _____

Department of Inspections, Appeals, & Licensing

Board of Behavioral Health Professions — Psychology

6200 Park Ave. #100

Des Moines, IA 50321

Email: plpublic@idph.iowa.gov

Phone: 515-281-0254