



## Supervision Registration

Applicants for a license to practice psychology shall register make application with the department. It is the responsibility of the unlicensed person to submit the name and address of the supervising psychologist. The supervising psychologist must be actively licensed and complete the following information.

Requirements for supervised professional experience are located in 481 Iowa Administrative Code (IAC) 885.14.

**Name of Applicant/Supervisee:** \_\_\_\_\_

### Supervisor Information

**Name:** \_\_\_\_\_

**Organization or Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**License(s)/Certification(s):** State(s) & license number(s): \_\_\_\_\_

Yes ☐ No ☐

**Supervisor listed in the National Register of Health Service  
Providers in Psychology?**

Yes ☐ No ☐

**Supervisor certified as a Health Service Provider in Psychology?  
In Iowa**

Yes ☐ No ☐

**Other States:** \_\_\_\_\_

### Information about Supervision

**Academic Training of Supervisee:** \_\_\_\_\_

**Services Being Rendered by Supervisee:** \_\_\_\_\_

**Nature of Supervision Being Provided:** \_\_\_\_\_

**Complete the following section only if off-site supervision is provided.** You may attach additional information if needed.

Describe the off-site arrangement: \_\_\_\_\_

\_\_\_\_\_

Is reasonable supervisory access provided to the clinical records corresponding to the work being supervised? \_\_\_\_\_

\_\_\_\_\_

Describe on-site emergency consultation to be provided by a licensed mental health provider or primary care provider. (Not required if supervisee is working off-site at a K-12 school.)

\_\_\_\_\_

\_\_\_\_\_

## **Attestation**

I hereby attest that all of the information above is true and correct to the best of my knowledge. I further attest that I have reviewed and will comply with the supervised experience/supervision requirements as provided in 481 IAC 885.14.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

### **Department of Inspections, Appeals, & Licensing**

Iowa Board of Behavioral Science (Psychology)

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